



From Research to Action: Using Science to Inform Maternal and Child Health-Related Public Policies

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UMass Chan
MEDICAL SCHOOL



Perinatal mental health affects everybody



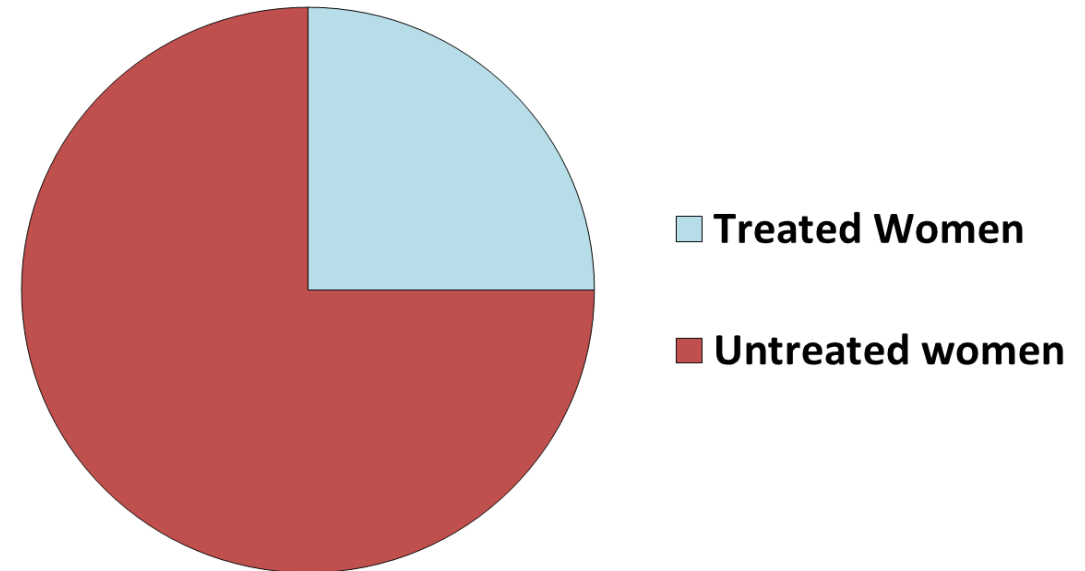
Gaps in care in our modern mental health care systems



Perinatal mental health and substance use disorders are common, undertreated, and the leading cause of maternal death in the United States

1 in 5

women around the world will suffer from a maternal mental health complication

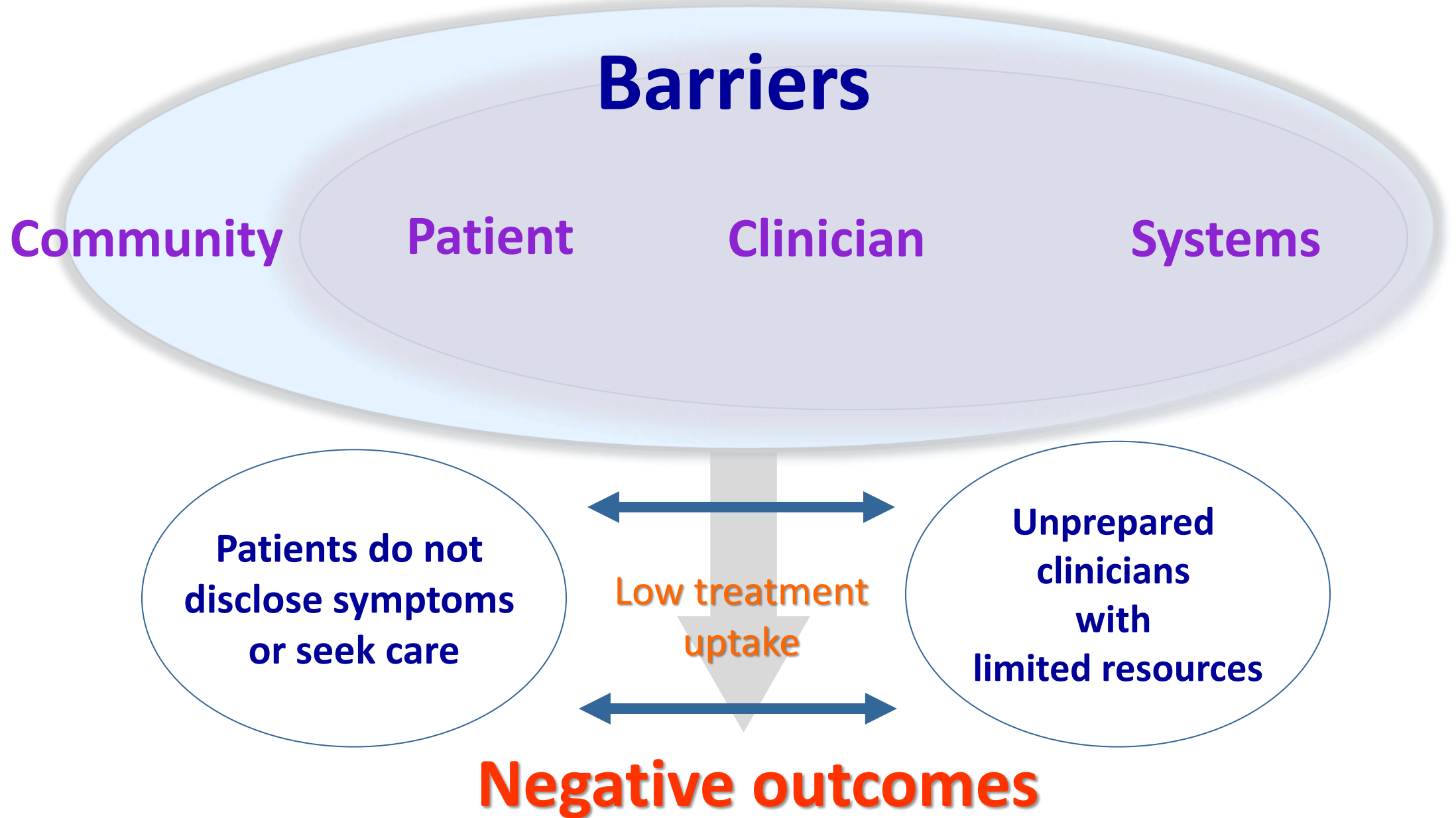


Mental health conditions are the underlying cause of 23% of maternal deaths in the United States

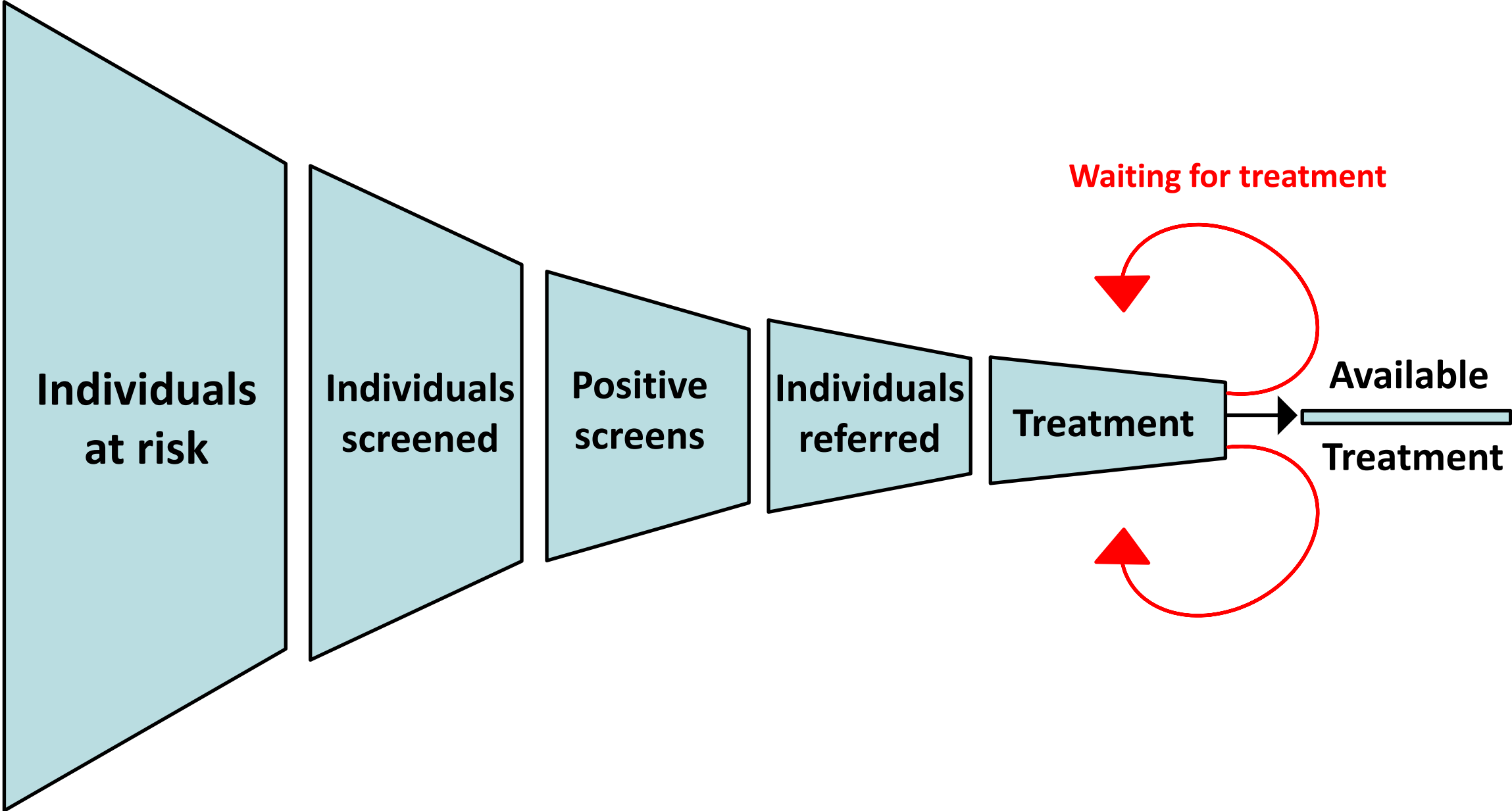
Perinatal mental health and substance use disorders are recognized as a major public health problem



Multi-level barriers to perinatal mental health persist



Our current approaches often send people on a road to frustration



The perinatal period is ideal for the detection and treatment of mental health conditions

Regular opportunities to screen and engage women in treatment

Perinatal care professionals have a pivotal role

Most mental health conditions are treated by primary care professionals



Population-based approaches to building obstetric provider capacity can help provide a solution

Perinatal Psychiatry Access Programs



**Training and
Toolkits**

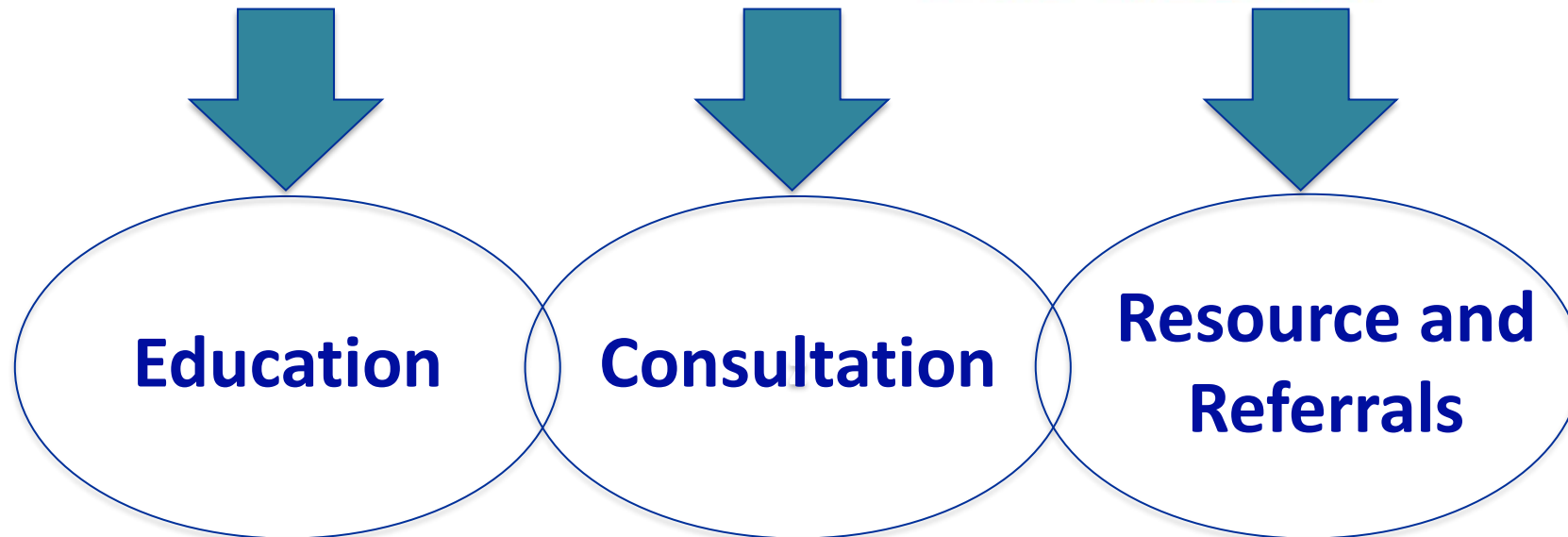
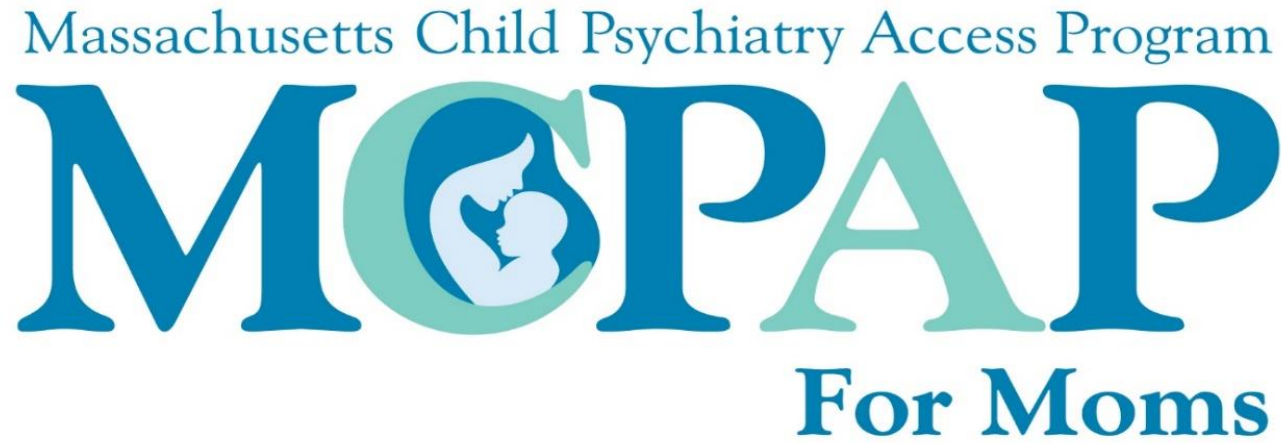


**Psychiatric
Consultation**



**Resources and
Referrals**

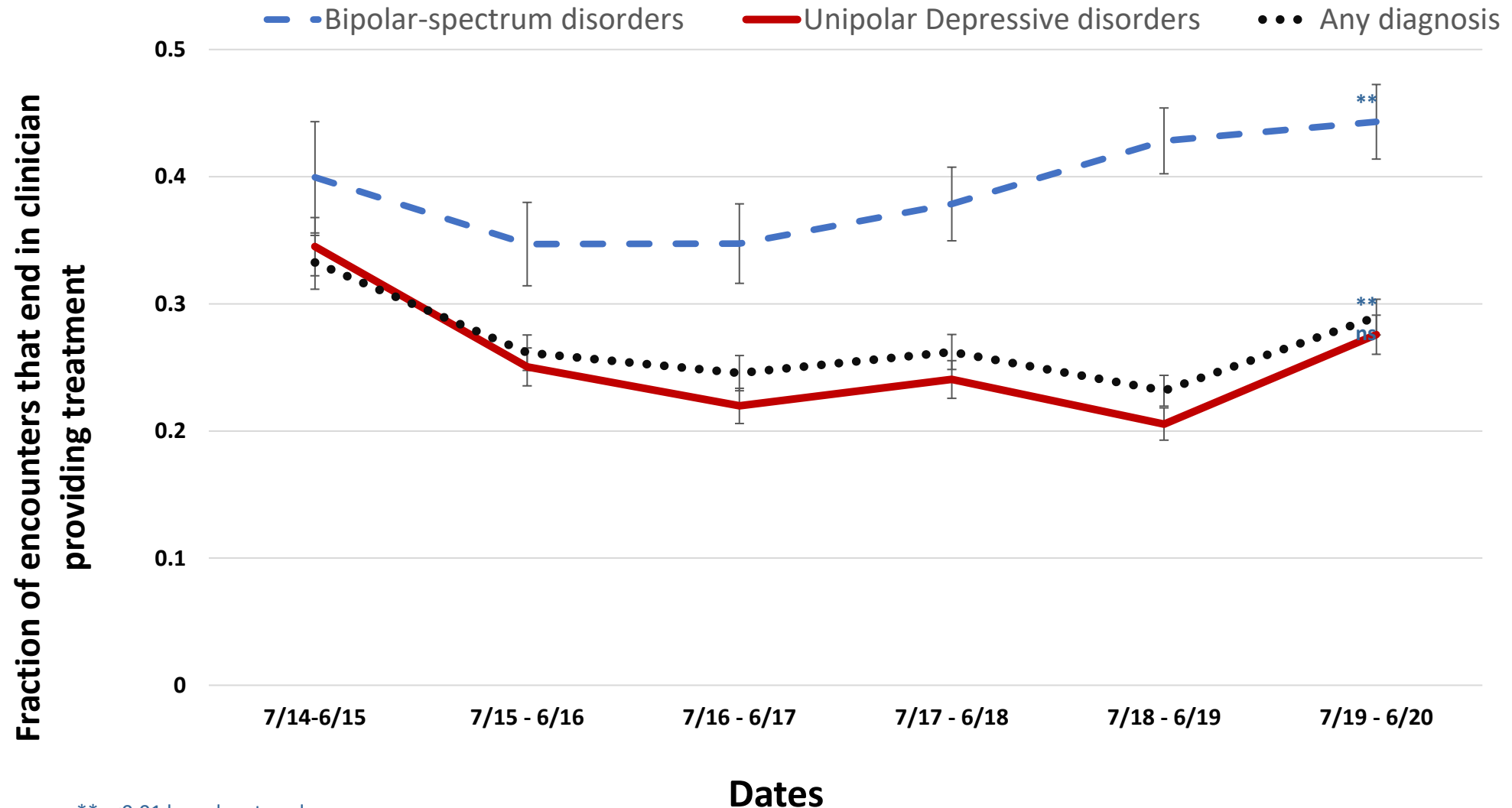
For example, MCPAP for Moms builds the capacity of clinical settings to provide care for mental health and substance use disorders



Telephone consultation is the “engine” of MCPAP for Moms



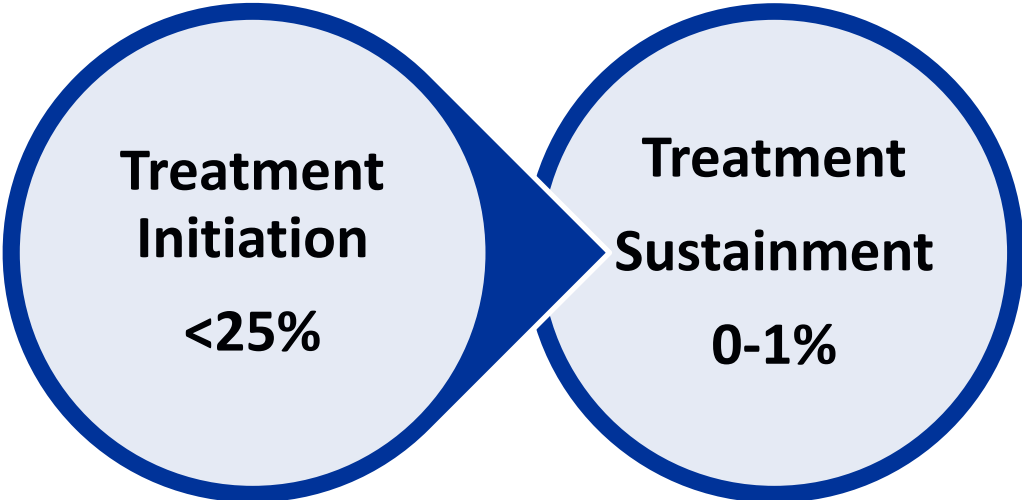
Treatment trends suggest that MCPAP for Moms helps clinicians treat more complex illness over time



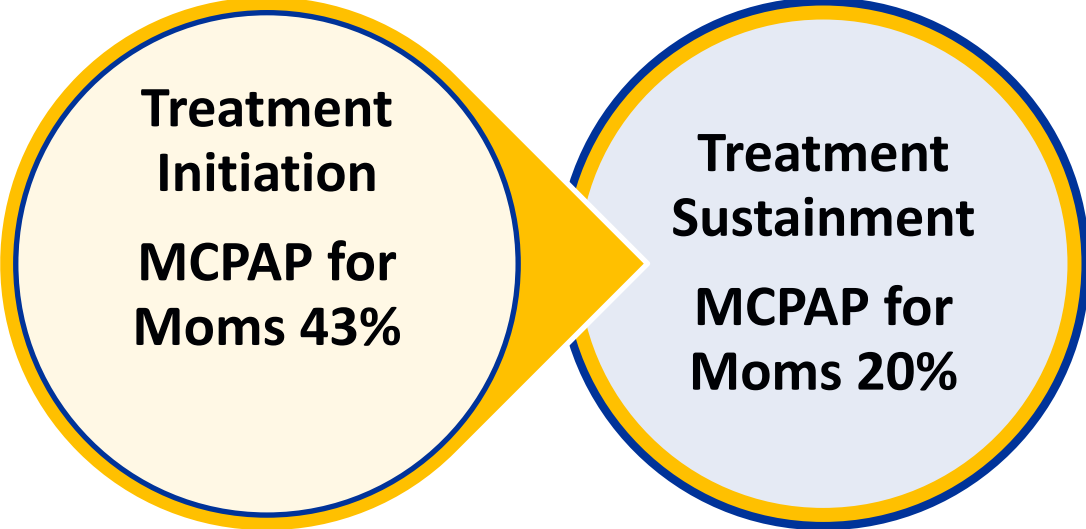
**p < 0.01 based on trend

MCPAP for Moms is effective in improving treatment initiation and sustainment rates, compared with previously reported outcomes

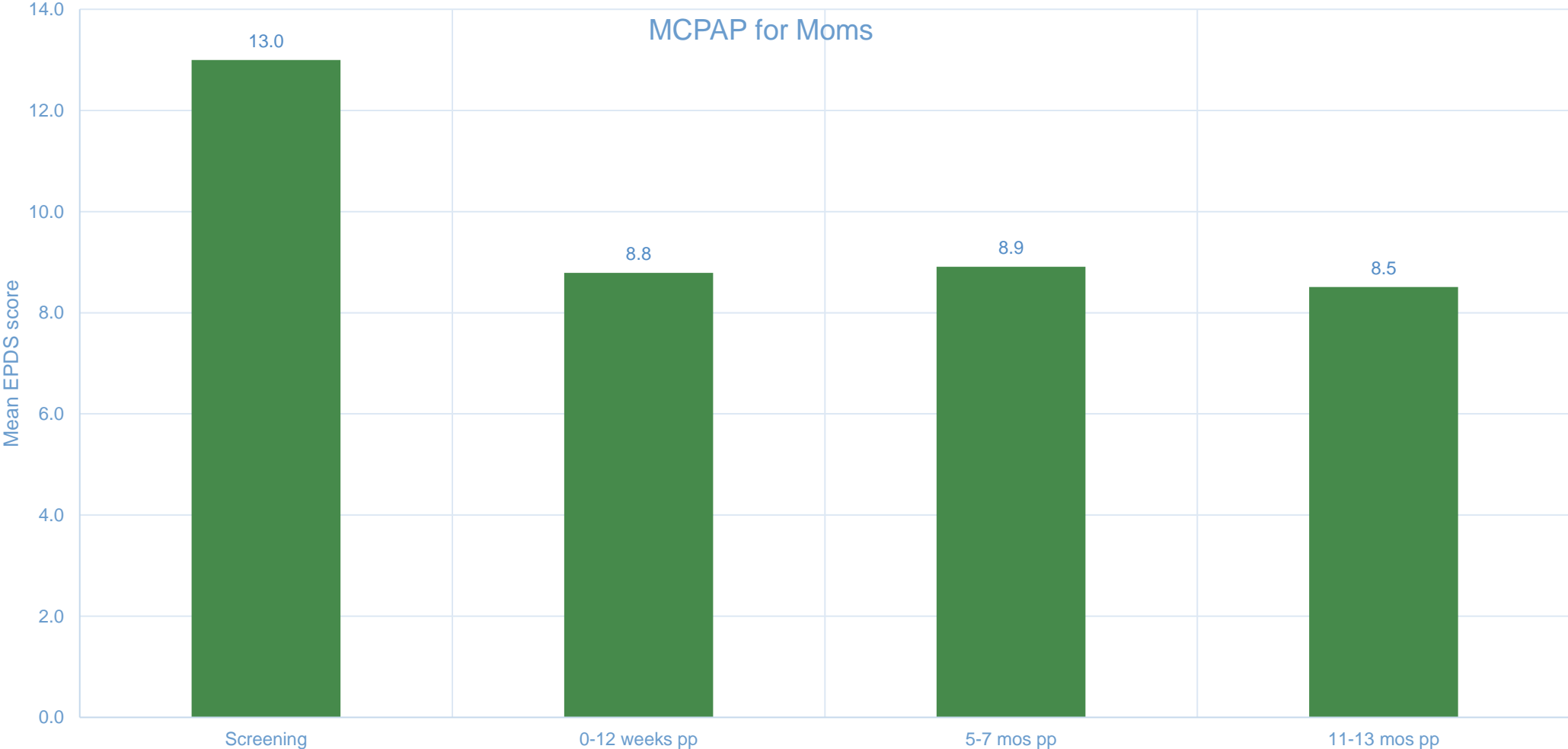
Systematic Review (2015)



MCPAP for Moms



Depression symptoms among patient participants receiving care from MCPAP for Moms decreased significantly from recruitment to follow-up



Untreated perinatal mood and anxiety disorders come at a high cost



\$32,000 per year



\$345.6 million per year

MCPAP for Moms costs are low

\$32,000/yr



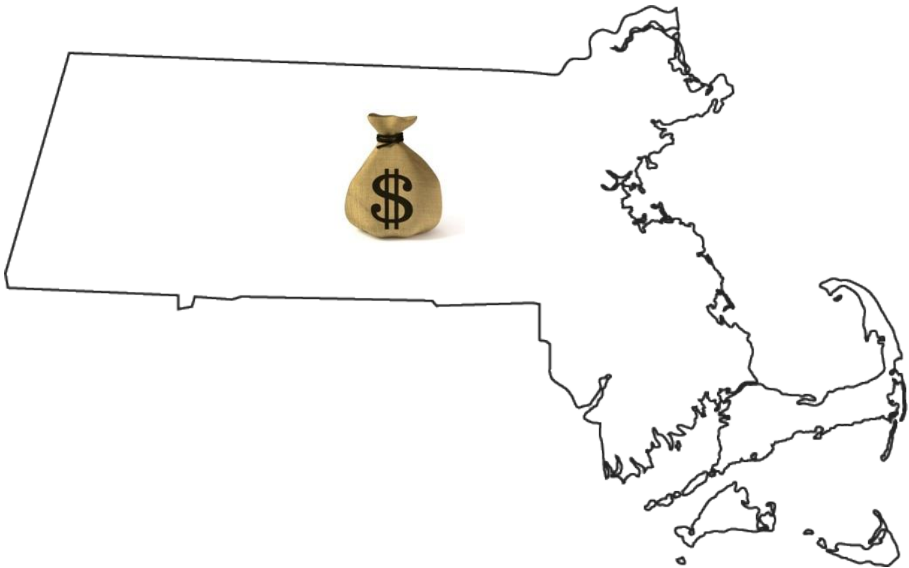
\$13.89/yr
\$1.16/month



\$345.6 Million/yr



\$1 Million/yr



50% is recuperated through legislated surcharge to commercial insurers

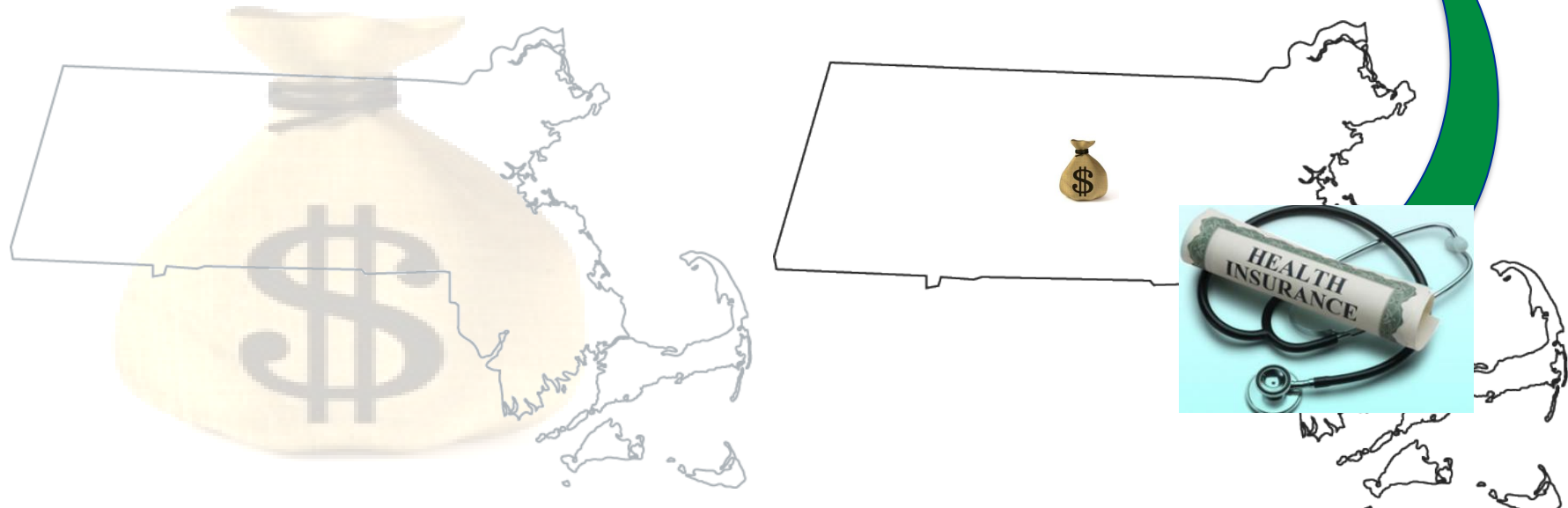
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50%
2015

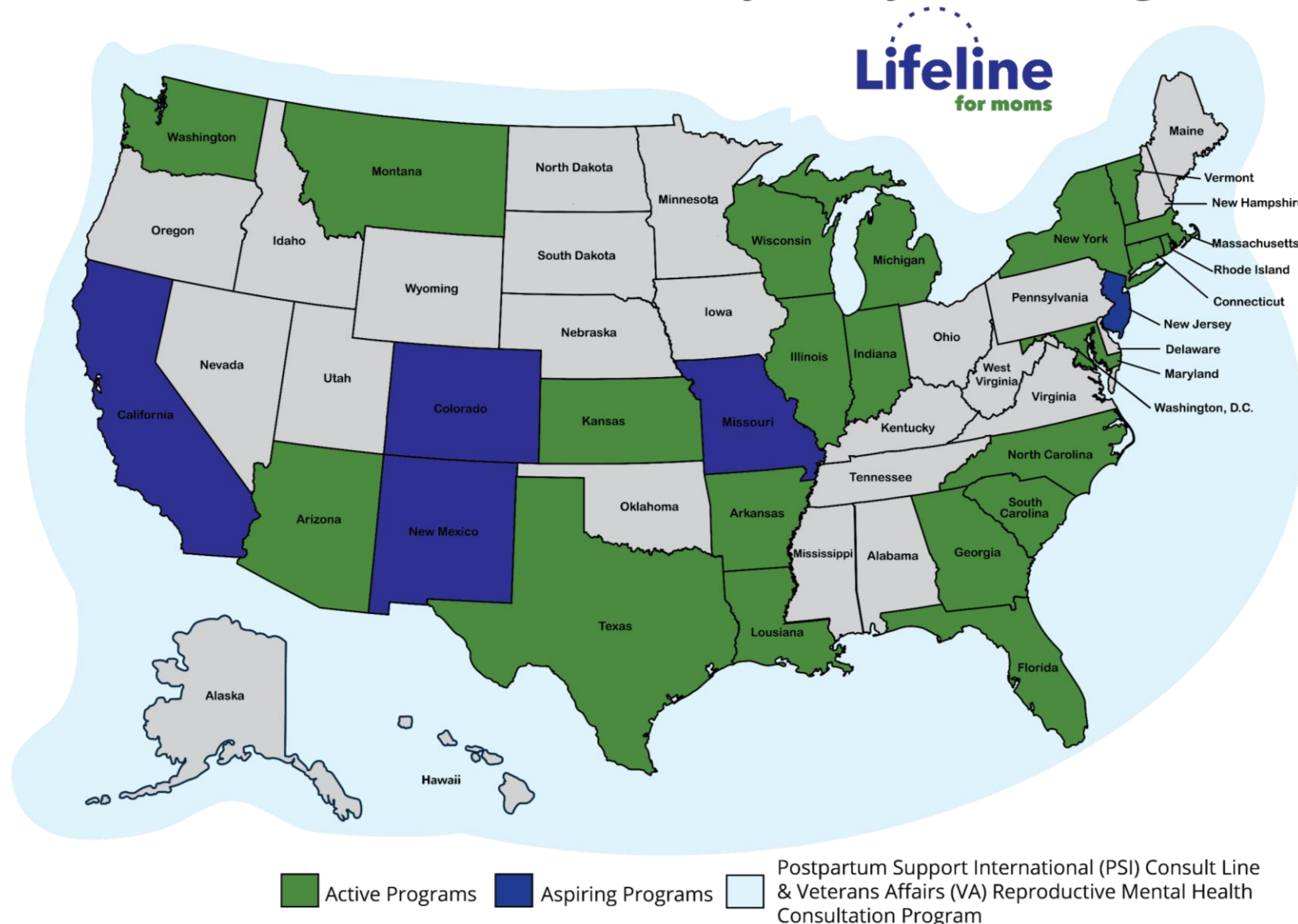


Access Programs can help promote perinatal mental health



There are now 21 Access Programs covering 1.9 million or 52% of the of 3.6 millions birth in the US

National Network of Perinatal Psychiatry Access Programs

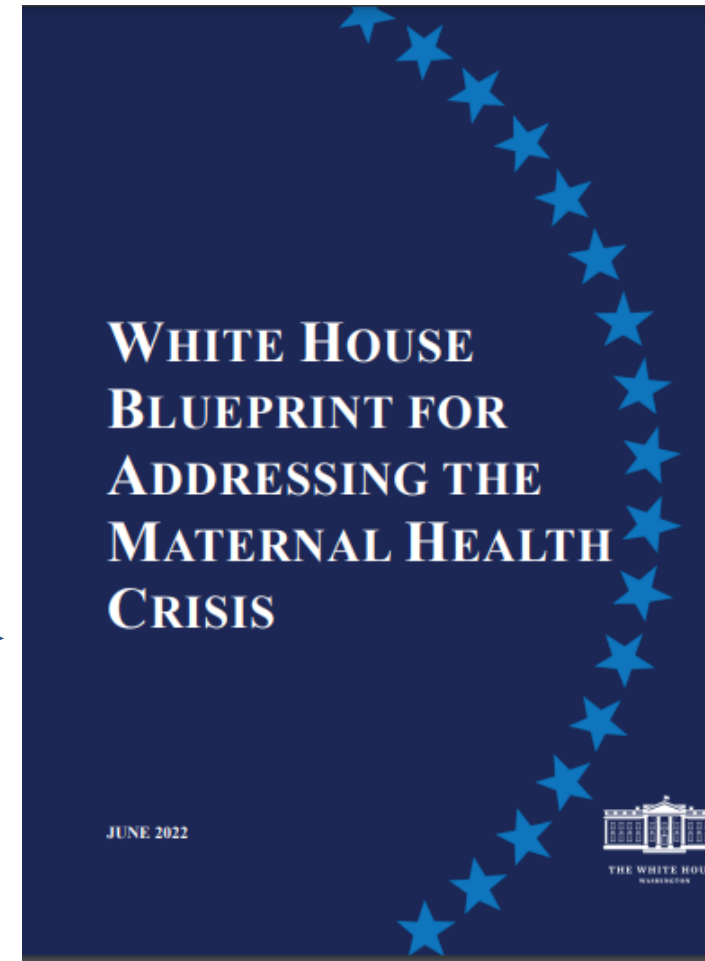


Access Programs implementation needs to be tailored based the environment, needs, and values of the state

Program Component	Massachusetts	Wisconsin	Florida
Training and toolkits	✓	✓	✓ ✓
Telephone consultation	✓ ✓	✓ ✓	✓
Face to Face consultation	✓ ✓		✓
Resource and referral	✓		✓ ✓

The White House Blueprint for Maternal Health calls for Access Program expansion

Increase “real-time psychiatric consultation, care coordination support, and training to frontline health care providers”



While we have made progress, opportunities to increase access to mental health treatment and support abound



Impact = Reach x Effectiveness

Thank you!

Lifeline for Families and Moms

Teams and Collaborators:

MCPAP for Moms Team

Trainees and students

Massachusetts DMH

Participating Obstetric Practices

Participating Perinatal Individuals

Advisory Council Members

CDC Collaborators

Funding:

CDC 1U01 DP006093, 6 U48DP006381-03-01

CDC Foundation

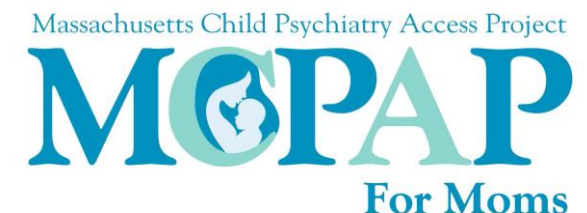
The Perigee Fund

NIMH 1R41 MH113381-01, 2R42 MH113381-02

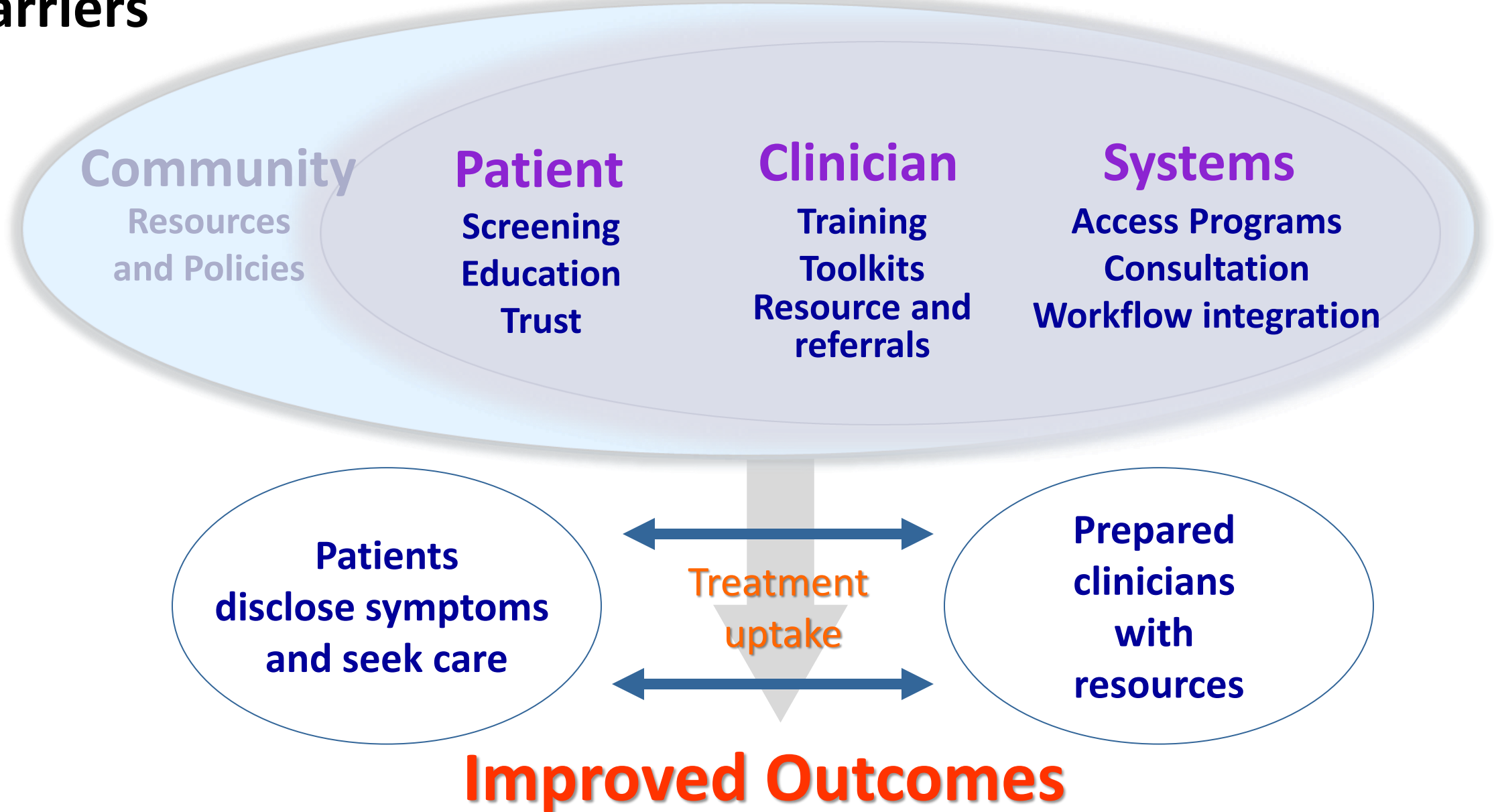
PCORI IHS-2019C2-17367, EACB-23288

ACOG 6 NU380T000287-02-01

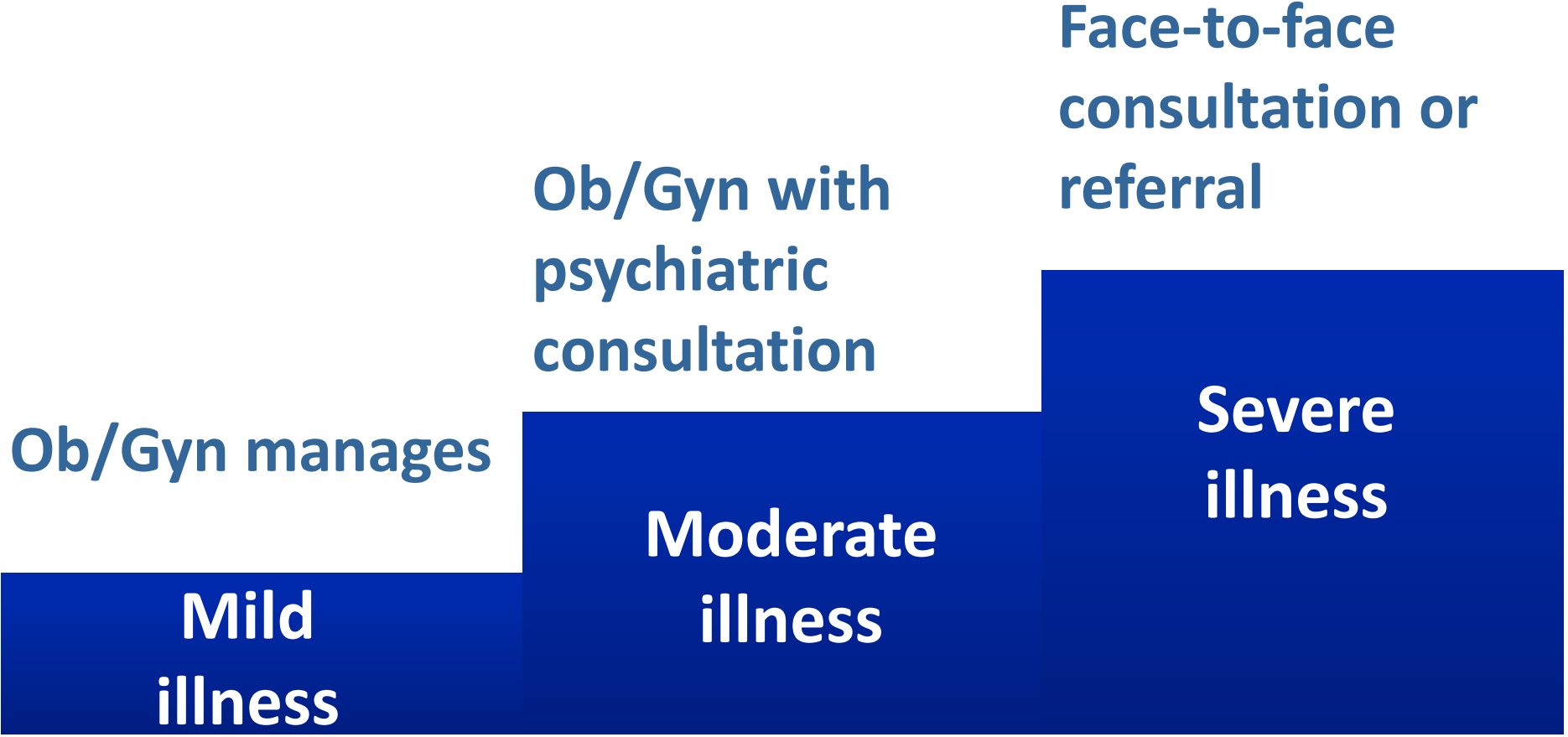
NIH KL2TR000160



We have focused on overcoming multi-level health system barriers



With PRISM, treatment is 'stepped up' with increasing illness severity



Navigator helps patients navigate care pathway

MCPAP for Moms has evolved over time



2013-2014
Depression



2016
Depression
Anxiety



2017
Bipolar
Disorder

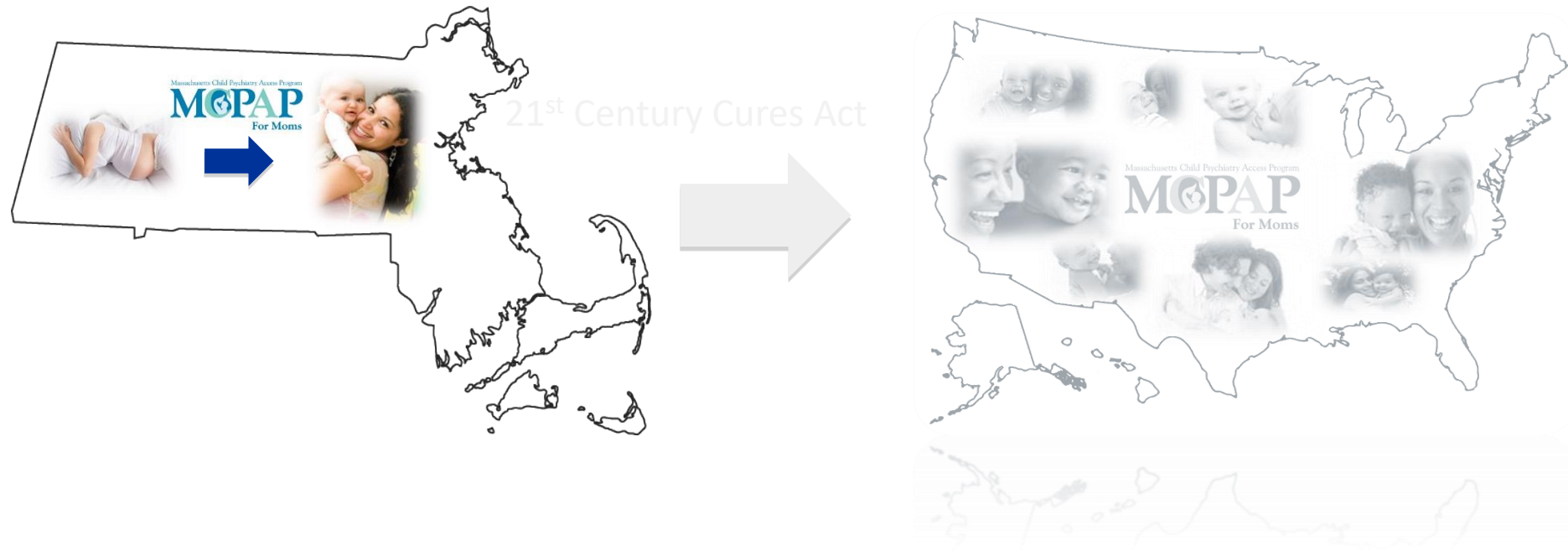


2018
Substance Use
Disorders



2020
Health Equity

With MCPAP for Moms, all women across MA have access to evidence-based mental health and substance use disorder treatment

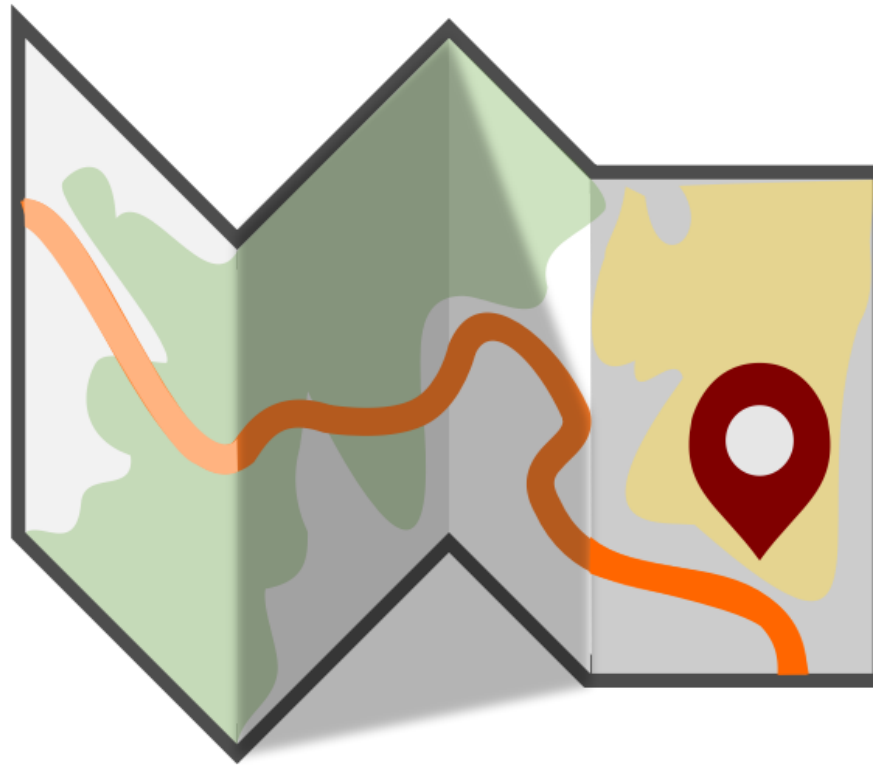


MCPAP for Moms can serve as a model for other states in the US

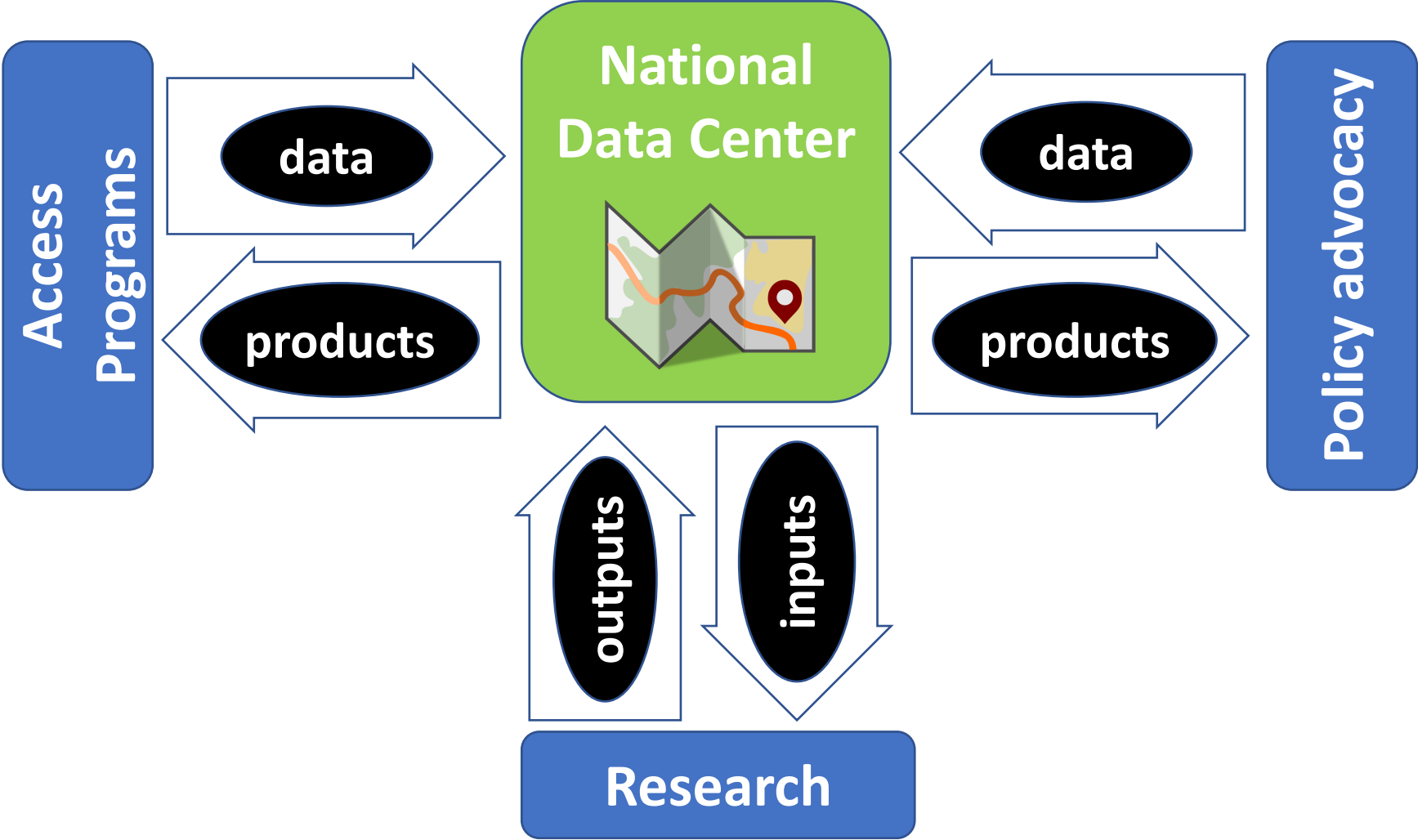
First, we are characterizing program components, timelines and state policy across states



We need a roadmap and data coordination center for evaluating Perinatal Psychiatry Access Programs and other models of care

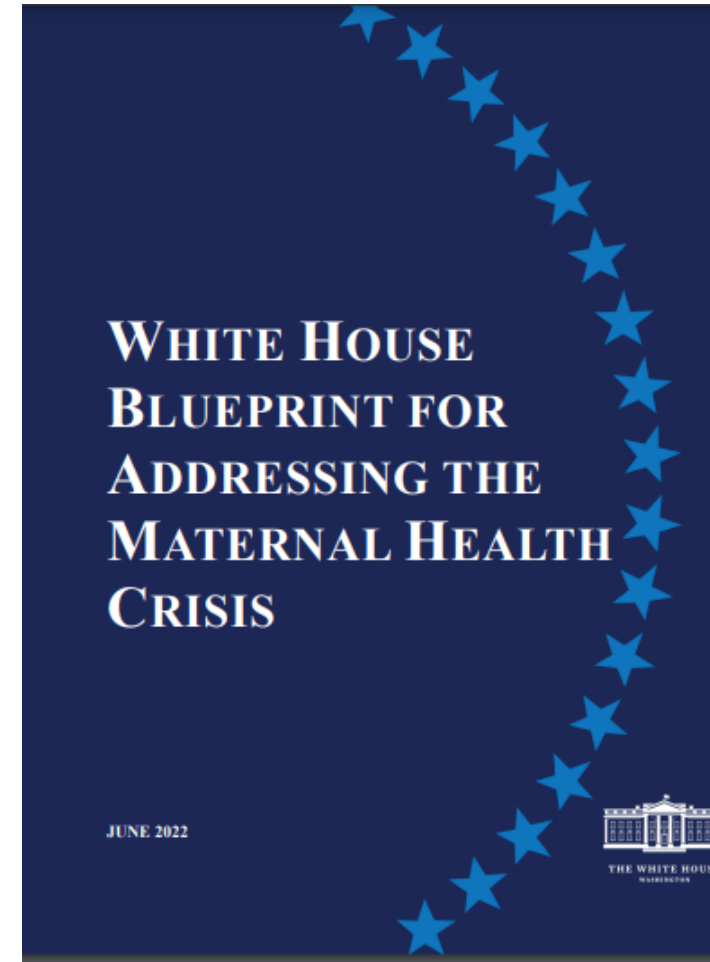
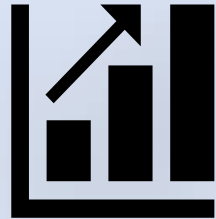


A national approach to evaluation and data coordination can be synergistic with policy and advocacy initiatives

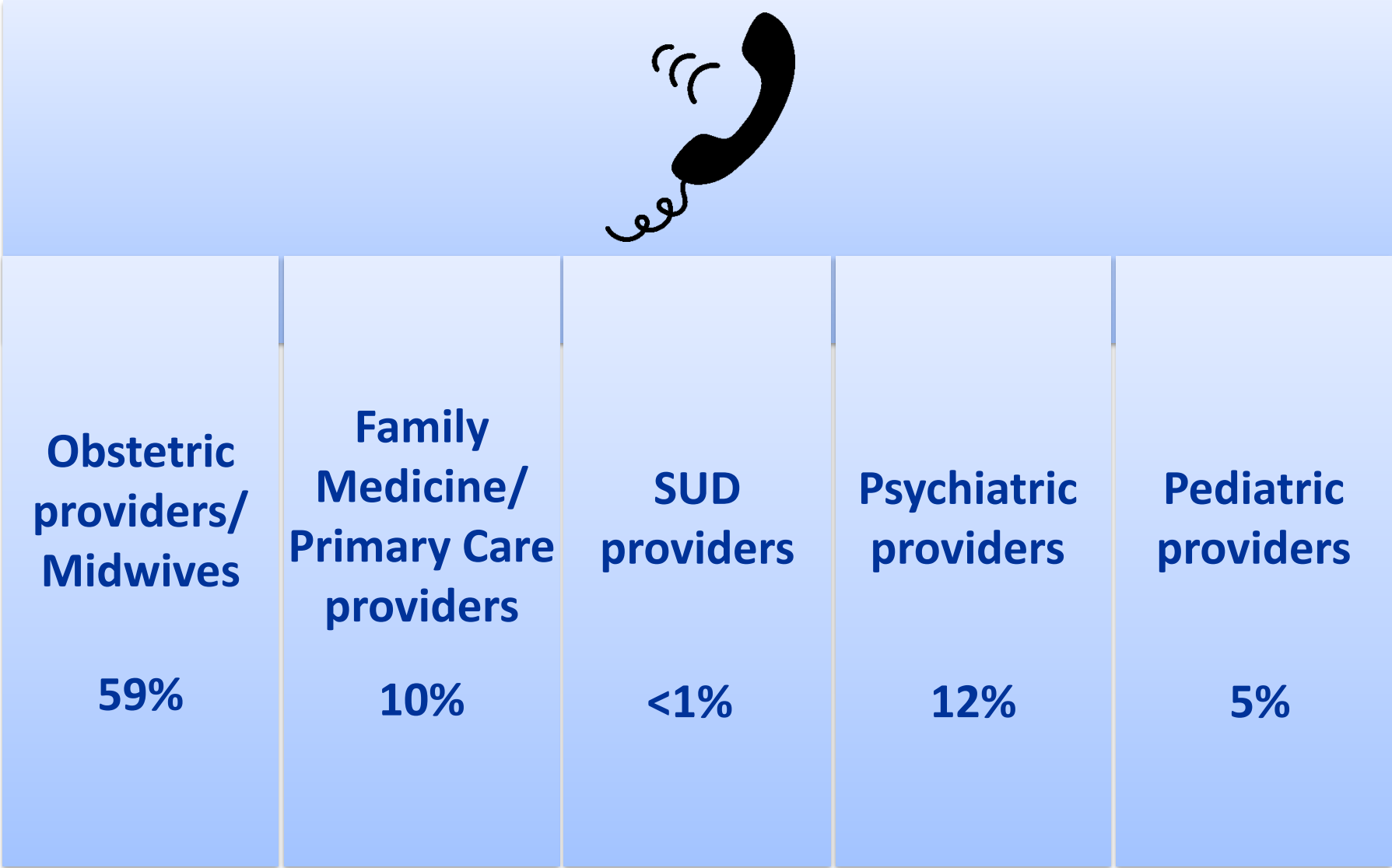


The White House Blueprint for Maternal Health calls for advances in data collection and harmonization

“Advance Data Collection, Standardization, Harmonization, Transparency, and Research”



We serve all providers caring for perinatal individuals



Additional interventions are needed to fully integrate mental health care into obstetric care

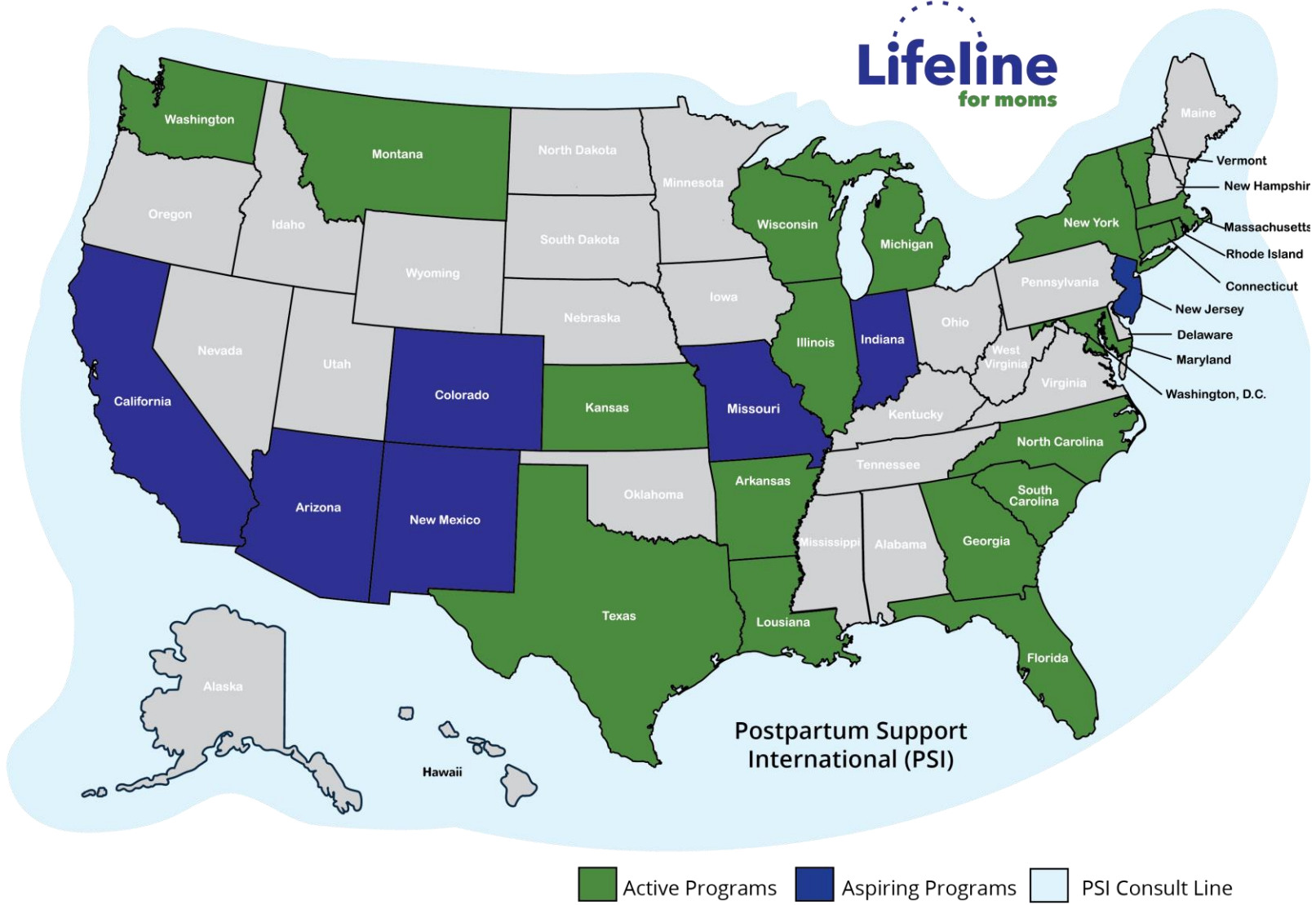


Engagement, connection, and trust

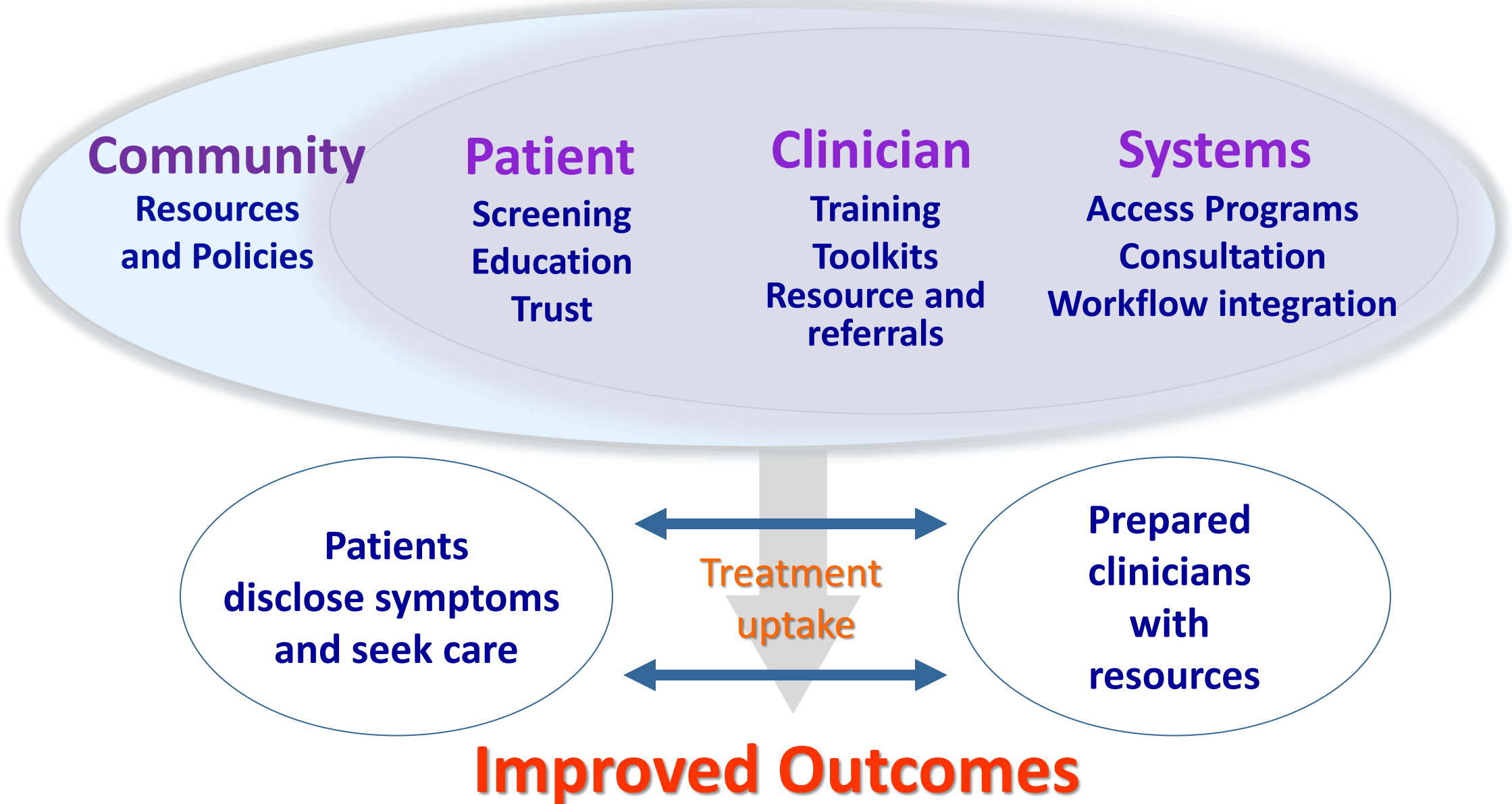


Access Program implementation is being tailored for regional context and needs

National Network of Perinatal Psychiatry Access Programs



We need scalable approaches to building community capacity



Since our launch in July 2014, MCPAP for Moms has served many clinicians and parents

OB practices enrolled	167 (84%)
Enrolled practices utilizing	110 (64%)
Perinatal individuals served	13,985
Clinician-clinician telephone encounters	6,515
Face-to-face evaluations	773
Resource and referral encounters	16,245

Staffed by 1.0 FTE psychiatrists and 3 FTEs of resource and referral specialists

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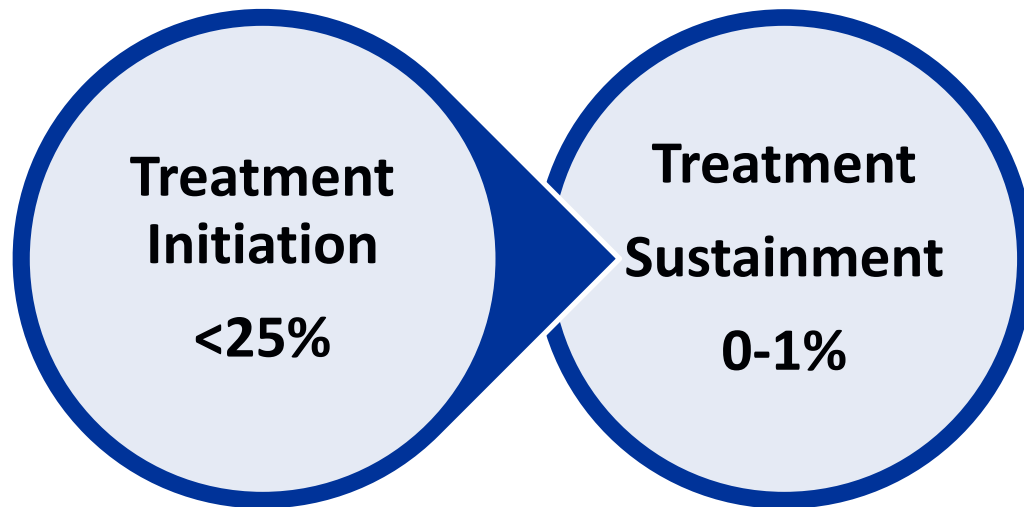
We serve 300-400 individuals per month



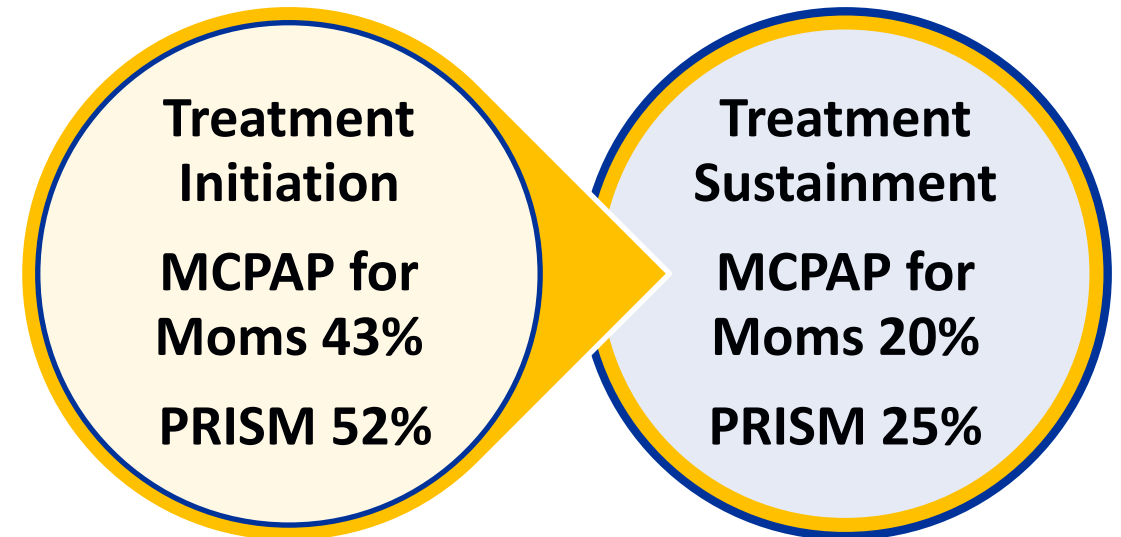
STUDY
Public
public
policy
social
circumstances
indicators
social
policy

Both MCPAP for Moms and PRISM are effective in improving treatment initiation and sustainment rates, compared with previously reported outcomes

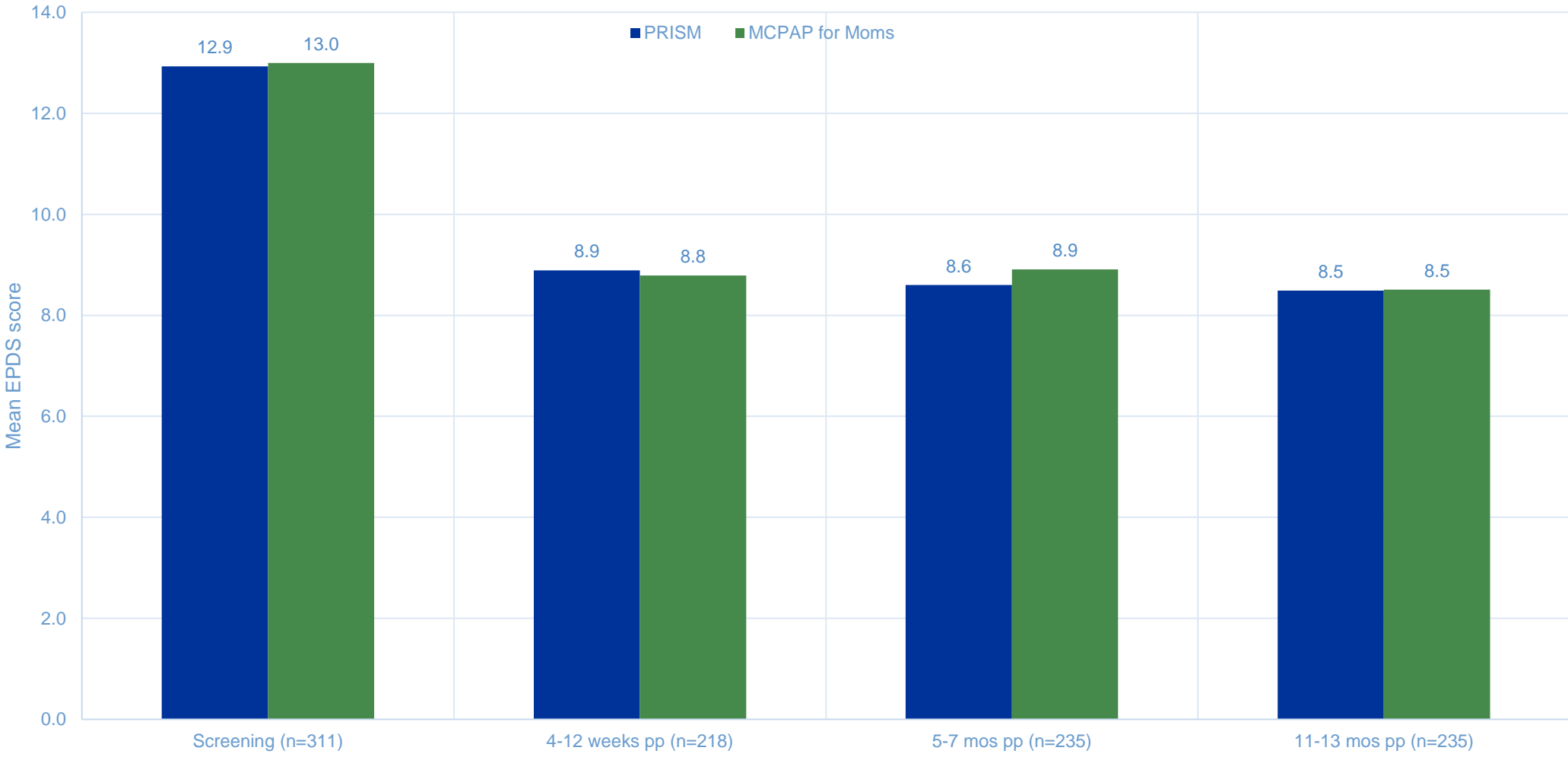
Systematic Review (2015)



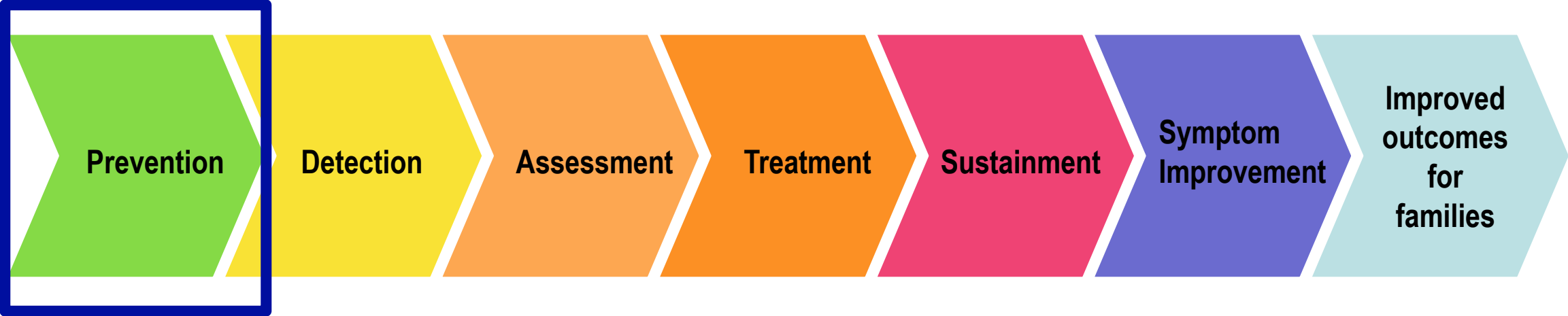
MCPAP for Moms and PRISM



Mean differences in depression symptomatology among patient participants receiving care from both MCPAP for Moms and PRISM practices decreased significantly from recruitment to follow-up



To address our nation's mental health crisis, we need to intervene earlier and promote healthy and resilient families



Engagement, connection, and trust

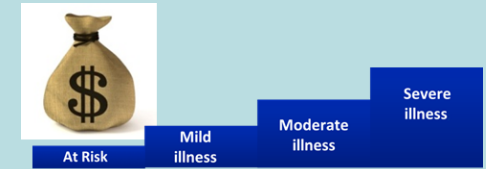


In summary, opportunities abound for policies that support healthy and resilient families

A roadmap for evaluating Perinatal Psychiatry
Access Programs and other models of care



Focusing upstream to prevent the cascade that
follows



Intervening early to promote healthy and resilient
Families



Embedding interventions into existing infrastructure



Policy making needs to be driven and informed by both lived expertise and science

**“The people closest to the pain,
should be the closest to the
power, driving & informing the
policymaking...”**

-Congresswoman Ayanna Presley



Family relationships play a pivotal role in physiology, biology, and physical and mental well-being



For children, mental health is a component and result of positive caregiving relationships

Child mental health is most malleable to safety, stability, and nurturing by caregivers

We need to embed this into our existing infrastructure



We need to create a nontraditional workforce

“You don’t need to be a therapist to be therapeutic”

The primary tools being used in response to our nation's mental health crisis are not working

- **Psychiatric hospitalizations**
- **Extended ER stays**
- **Polypharmacy**



Our allocation of mental health resources often are reactive and crisis driven



We need to focus upstream and prevent the cascade that follows



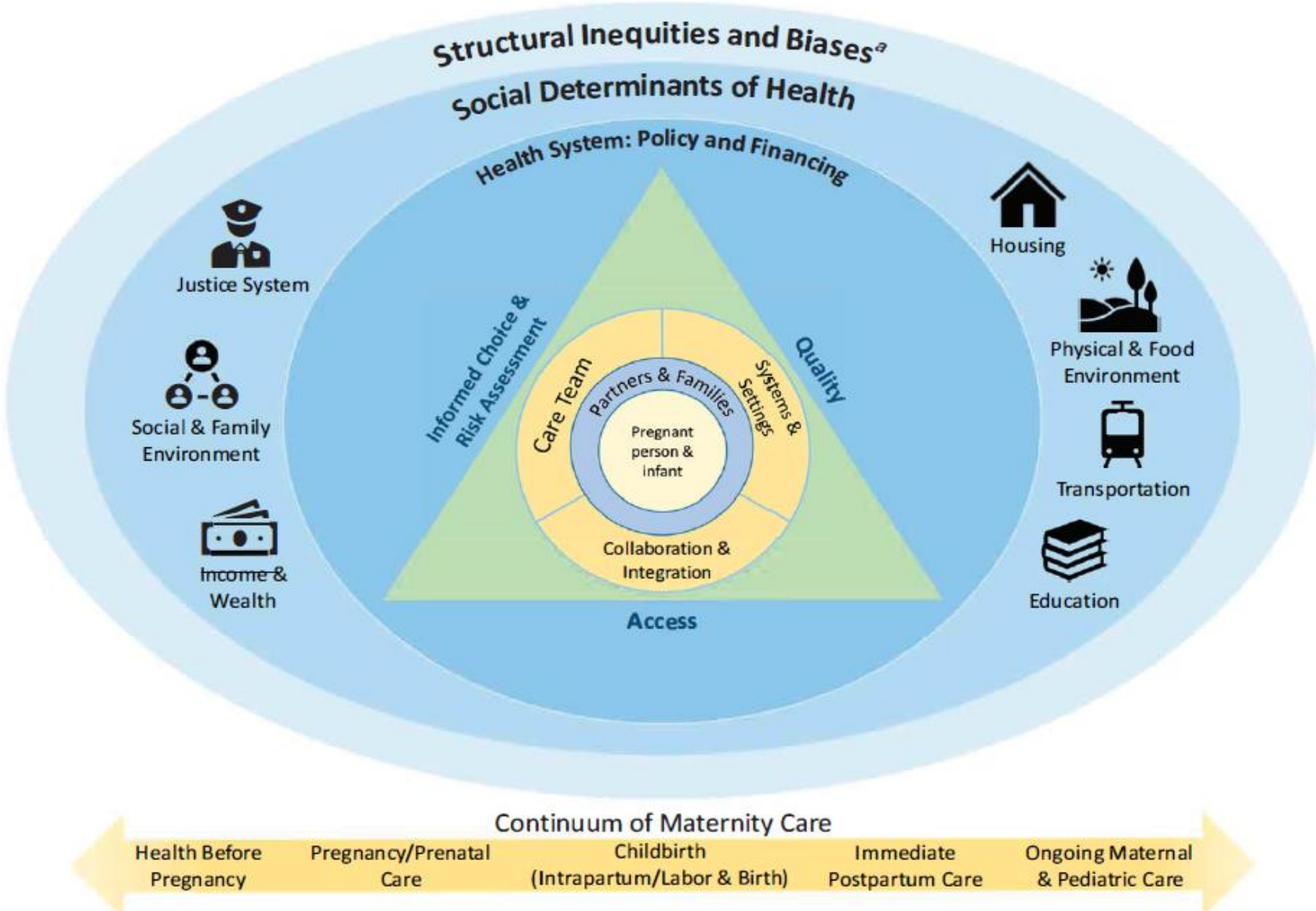
At Risk

**Mild
illness**

**Moderate
illness**

**Severe
illness**

We need to expand beyond medical systems



From Birth Settings in America: Improving Outcomes, Quality, Access, and Choice, by the National Academies of Sciences, Engineering, and Medicine, 2020 (<https://doi.org/10.17226/25636>). The National Academies Press.

We need to develop and scale practical approaches to integrating mental health care into perinatal, infant, and child health care



We need to create and deliver models of care, trainings, and tools that support families, regardless of what professional or setting they present to