

Implementation And Scalability of A Perinatal Mental Health Access Program During The COVID-19 Pandemic

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Objectives:

Perinatal mental health access programs provide critical support to providers caring for pregnant and post-partum (PP) women. These programs have the potential to address barriers to mental health care and limited access to services, both of which have worsened during the COVID-19 pandemic. We examined use of the North Carolina Maternal Mental Health MATTERS (NC MATTERS) perinatal mental health access program during the first two years of program implementation, coinciding with the pandemic.

Methods:

Data on call volume, provider specialty, and perinatal mood and anxiety disorder (PMADs) screening frequency were ascertained from calls to the NC MATTERS line. Call data from the beginning of the COVID-19 pandemic (Time 1: April-September 2020) were compared to call data from one year later (Time 2: April-September 2021). Descriptive statistics (call frequency and percentages) were examined.

Results:

Call volume increased from 148 calls during Time 1 to 276 calls during Time 2. Of all providers calling during Time 1, 83% were OBGYNs, whereas in Time 2 75% of all calls were from OBGYNs. During Time 1 providers screened for PMADs in 43% of unique calls to NC MATTERS, whereas 50% of calls in Time 2 included a screen for PMADs.

Conclusions:

Use of the NC MATTERS line increased over the course of the pandemic. Calling provider specialties were more diverse over time, indicated by the higher percentage of non-OBGYNs callers. In contrast, screening for PMADs remained similar across years and thus represents a potential target for future intervention. Findings preliminarily demonstrate that a perinatal mental health access program can be rapidly implemented and scaled, even under pandemic settings.

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