



Your Link to Psychiatric Consultation, Support, and Resources

MAPOC Women & Children's Health Committee
Presented by: Beth Garrigan
May 11, 2026

Need

Prevalence and Disparities:

1 in 5 mothers are impacted by mental health and substance use conditions. Maternal mental health (MMH) conditions are the **MOST COMMON** complication of pregnancy and birth, affecting 800,000 families each year in the U.S., including 7,000-10,000 women in Connecticut. Low-income women are disproportionately affected, with rates ranging from 40-60%.

Treatment Gap:

Despite the prevalence, **75% of mothers** who screen positive for depression **do not receive** treatment.

Barriers to Care:

- Cost
- Stigma and reluctance to seek help
- Shortage of mental health professionals



Maternal Mortality:

Suicide and overdose are the **LEADING CAUSE** of death for women in the first year following pregnancy. **4 out of 5 maternal deaths** are deemed preventable.

Byatt, N., et al (2020). Promoting the Health of Parents & Children: Addressing Perinatal Mental Health by Building Medical Provider Capacity Through Perinatal Psychiatry Access Programs.
© 2020 University of Massachusetts Medical School. <https://doi.org/http://dx.doi.org/10.7191/pib.1159>

Current Challenges



EDUCATION

Many frontline providers are unprepared to address PMH conditions, citing lack of education and training.



WORKFLOW

Frontline providers often lack necessary workflows and processes, including how and when to screen perinatal individuals and where to refer them for assistance.



GUIDELINES

Only recently have clear and consistent guidelines emerged that recommend frontline providers screen for and address PMH conditions.



REIMBURSEMENT

Frontline providers are not always reimbursed for screening and addressing PMH conditions.



RESOURCE AND REFERRAL

Frontline providers often have limited access to support groups, therapists, and psychiatric providers able to address the unique mental health needs of perinatal individuals.



LACK OF ACCESS TO PSYCHIATRIC TREATMENT

There are not enough psychiatric providers to care for individuals experiencing PMH conditions.

Byatt, N., etal (2020). Promoting the Health of Parents & Children: Addressing Perinatal Mental Health by Building Medical Provider Capacity Through Perinatal Psychiatry Access Programs. © 2020 University of Massachusetts Medical School. <https://doi.org/http://dx.doi.org/10.7191/pib.1159>

Background

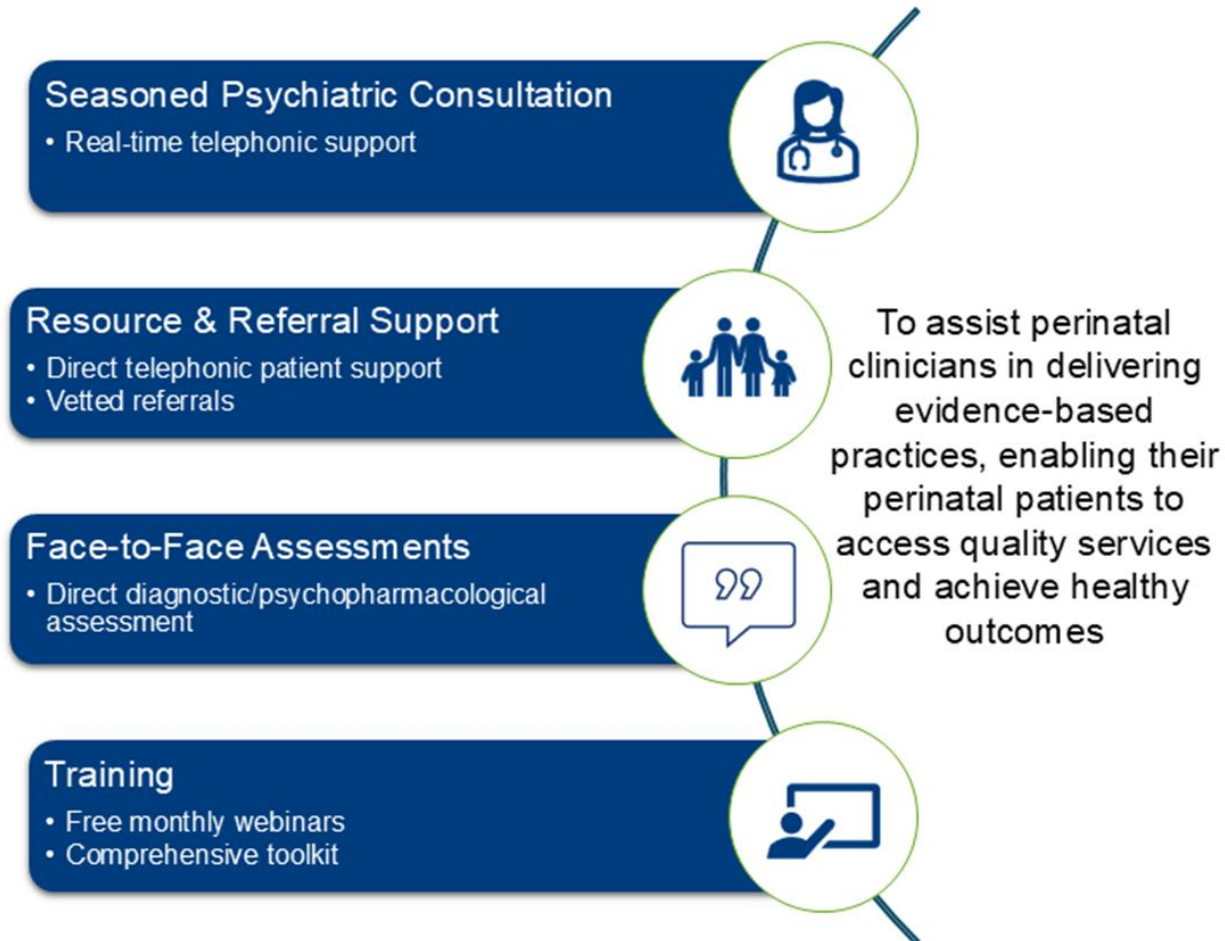
- Funded by Connecticut's Department of Mental Health and Addiction Services
- Launched in June 2022
- Expands on the pediatric psychiatric consultation program in Connecticut – ACCESS Mental Health for Youth (est. 2014)
- Modeled after the perinatal psychiatric consultation program in Massachusetts – MCPAP for Moms (est. 2014)

Overview

Real-time psychiatric consultation with seasoned perinatal psychiatrists to help providers treat their patients with mental health and/or substance use concerns.

- Front-line treating providers (i.e. obstetricians, primary care providers, psychiatrists)
- Pregnant or postpartum individuals up to 12 months post-delivery, regardless of insurance
- Statewide – Monday-Friday 9am-5pm

Core Components



The Team

Perinatal Psychiatry Team



Ariadna Forray, MD
Yale Hub Medical Director



Katrina Furey, MD



Erin Davidowicz, MD



Sofia Noori, MD

Resource & Referral Support Team



Nicole Milner, LMFT



Anna Monroe

Central Administration

Brian Keyes, MD,
Medical Director, Carelon Behavioral Health

Beth Garrigan, LPC
Program Director, Carelon Behavioral Health

Amy Miller
Director of Analytics, Carelon Behavioral Health

Jennifer Lombardi, LCSW
Contract Manager, DMHAS

Model

Provider: Obstetric, Primary Care, Psychiatry



Treating Provider feels stuck and isn't sure what do next?



Provider calls **833-978-6667** and talks directly with perinatal psychiatrist every call



Perinatal psychiatrist provides diagnostic clarification, psychopharmacology and counseling recommendations and, if needed, offers resource and referral support to patient



Resource and Referral Support team outreaches to patient to help them find services



Face-to-face consultation

Training



ACCESS
Mental Health
and Substance Use
for Moms



CLINICAL CONVERSATIONS

Your care makes a lifelong impact.
Learn directly from Connecticut's leading perinatal psychiatrists
Your patients and their families benefit from every skill you gain.

Expert guidance for providers. Better outcomes for families.

The ACCESS Mental Health and Substance Use for Moms Clinical Conversations Series offers free, monthly virtual training for perinatal providers. Sessions are led by seasoned psychiatrists who specialize in perinatal mental health and substance use treatment. Each session blends targeted teaching with open discussion and practical guidance you can apply in your clinical work.

REGISTER



Free for all Connecticut providers.
Scan the QR code to register.

Second Thursday of Every Month
12:30 PM – 1:30 PM

Provider Toolkit

CHECK OUT OUR PROVIDER TOOLKIT!

ACCESS Mental Health Perinatal Mental Health and Substance Use Toolkit – Spring 2026

Assessing Perinatal Mental Health

Score patient screening document

Depression (PHQ-9/PTSD-3) or Bipolar disorder (MDDC-10/7-2)

Self-screen depression

Depression screen & self-screen depression

Score on Self-Screen Questionnaire

- Do not allow anyone (baby to leave office, family, friends) to complete.
- Answer openly.
- Call for psychiatric consultation, as needed.
- If possible, please refer to emergency services for further evaluation if needed.

Score on PHQ-9

- Explain this screen indicates that you may be at risk for depression. We are here to help you.
- If response depression screen, this may be related to PTSD. The PHQ-9 of this screen. Can also administer this screen.
- Do not provide antidepressant.
- Refer to therapist.
- Call for psychiatric consultation or psychiatrist as indicated.

To assess for presence and severity of perinatal mental health

- Current symptoms
- Symptoms frequency
- Symptoms duration
- How symptoms impact daily functioning
- Current treatment (medication/therapy)
- Feelings of hopelessness, helplessness
- Current suicidal thoughts, plans, intent
- Family history

Determine illness severity

MILD	NECESSARY
Depression screen score 10-14	Depression screen score 15-25
GAD-7 score 5-9	GAD-7 score 10-14
PC-PTSD-3 score < 3	PC-PTSD-3 score < 3
No suicidal ideation	Suicidal ideation present
Not feeling hopeless, helpless, worthless	Sometimes feels hopeless, helpless, worthless
No previous psychiatric hospitalization	Previous psychiatric hospitalization
Use or minimal difficulty caring for self or baby	Some difficulty caring for self or baby

For mild, moderate, and severe illness:

- Check for underlying medical conditions: iron, TSH, B12, folate, high, low
- Assess for substance use or medications which can cause or worsen mood/meds
- Start treatment

Mental Health Conditions (continued)

Depressant name, generic antidepressant based on table below are similar in efficacy and side effect profile. Above listed the generic name (e.g., sertraline) [color] 250mg daily. If doing well, see Follow-Up Treatment Algorithm. If not doing well, see Follow-Up Treatment Algorithm.

Severe Depression, Anxiety Disorder, and PTSD	Severe Depression, Anxiety Disorder, and PTSD	Severe Depression, Anxiety Disorder, and PTSD
Escitalopram (Lexapro) 10 mg qAM	Citalopram (Celexa) 10 mg qAM	sertraline (Zoloft) 5 mg qAM
1 to 20 mg	1 to 20 mg	1 to 10 mg
by 20 mg	1 by 10 mg	1 by 10 mg up to 20 mg
20-60 mg	20-60 mg	10-20 mg

Days is often needed for patients who are antidepressant

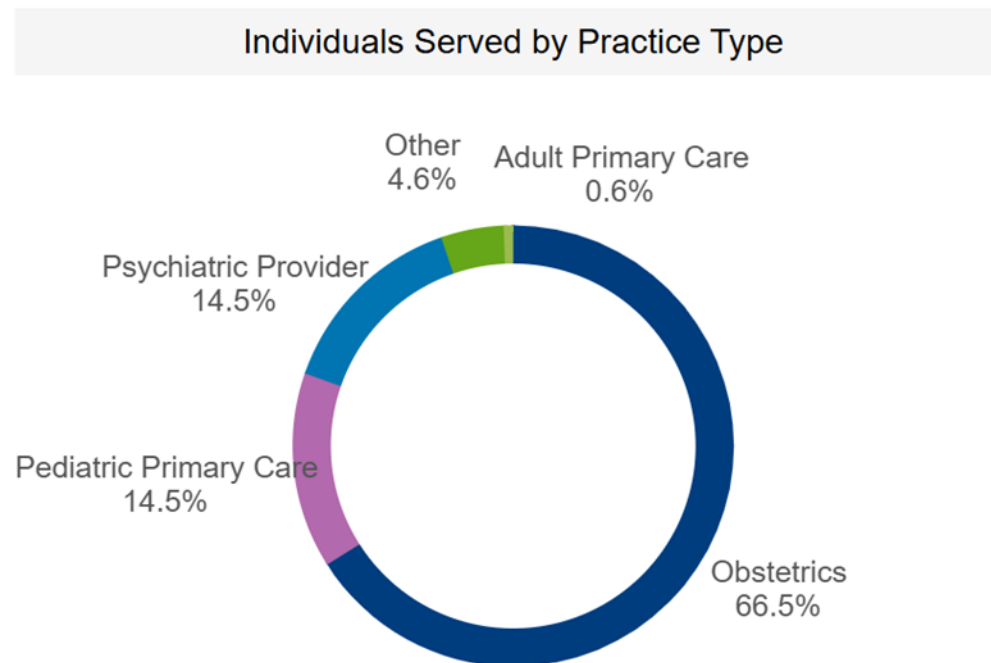
For first-line antidepressants: "Side effects include QTc prolongation. If it is hard to continue it during lactation."

Severe Depression, Anxiety Disorder, and PTSD	Severe Depression, Anxiety Disorder, and PTSD	Severe Depression, Anxiety Disorder, and PTSD
Prozac (Fluoxetine) 20 mg qAM	paroxetine (Paxil) 10 mg qAM (if switching change to qHS)	mirazapine (Remeron) 7.5 mg qHS
1 to 50 mg	1 to 20 mg	1 to 15 mg
to 100 mg	1 by 10 mg	1 by 15 mg
by 60 mg	1 by 10 mg	1 by 15 mg
0-200 mg	20-60 mg	10-45 mg
100-450 mg		

ACCESS Mental Health and Substance Use for Moms
Perinatal Mental Health and Substance Use Toolkit
Spring 2026

Outcomes

Obstetricians, Midwives, Pediatric & Adult Primary Care, and Adult Psychiatrists have called requesting support!



Outcomes

June 2022 – December 2025:

- ✓ 4,344 psychiatric consultations have been provided benefitting 706 perinatal individuals.
- ✓ 559 perinatal individuals received resource and referral support at the request of their physician and connected to vital services addressing mental health, substance use, medication management, parenting, and social factors.
- ✓ 30+ live training sessions have been provided and recorded since the start of the series. www.accessmhct.com/moms/training/

Provider Feedback

“The ability to call and get guidance has been a game changer for me!” ~ Midwife, Fairfield County

“She [ACCESS for Moms Hub team psychiatrist] was amazing. That was one of the best experiences consulting. She was kind, intelligent and had so much wisdom to share.” ~ Obstetrician, New Haven County

“It’s an amazing service. To be able to get medication advice and referrals for patients with a single phone call is remarkable.” ~APRN, Fairfield County

“Whenever I have used this program, I have felt so reassured by the help I have received. Thank you!” ~ Obstetrician, Windham County

“Resources are EXCELLENT!!!!” ~ Obstetrician, Fairfield County

“I feel better about knowing how to respond to a positive screen” ~ Midwife, Fairfield County

Patient Feedback

“...Thank you so much again. Just knowing your program exists made me feel less alone and gave me hope in my hardest days so far.” Mom after receiving resource and referral support, New Haven County

“You have been so helpful to me at a time in my life when I really needed it- so thank you. Sincerely - thank you for continuing to check in with me because I probably would have never sought out the help I needed.” ~Mom after receiving resource and referral support, New London County

“Thanks for checking in on me. I was just confirmed for a therapy appointment. That was so fast and painless. I truly appreciate your help in getting me there.” ~Mom after receiving resource and referral support, New Haven County

Questions

1-833-978-6667
Monday – Friday
9am – 5pm

