## The Bree Collaborative
### Draft Perinatal/Maternal Mental Health Charter and Roster

## Problem Statement

Perinatal depression is one of the most common pregnancy complications, affecting one in seven women,[1] and may contribute to adverse neonatal, infant, and child outcomes.[2] Both the US Preventative Services Task Force and the American College of Obstetrics and Gynecology recommend screening for depression and anxiety during pregnancy and the post-partum period, as well as initiating treatment or referring to mental health care providers for maximum benefit.[1,3] Despite these recommendations, stigma around mental illness, lack of insurance coverage for behavioral health, and structural barriers all prevent access to quality mental health care.[4]

## Aim

To improve the perinatal/maternal mental health care continuum in Washington state.

## Purpose

To propose practical and evidence-informed recommendations to the full Bree Collaborative on reducing the burden of perinatal/maternal mental health including:

- Defining topic area and scope.
- Advancing equity and addressing disparities in perinatal/maternal mental health prevention and treatment.
- Identifying at-risk populations and increasing screening activities.
- Identifying mechanisms for following-up with brief interventions, treatment, or referrals to mental health services.
- Improving access to quality mental health services.
- Addressing structural determinants and other barriers to perinatal/maternal mental health.

## Duties & Functions

The workgroup will:
- Research evidence-informed and expert-opinion informed guidelines and best practices (emerging and established).
- Identify current barriers and future opportunities for implementing interventions.
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.

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[1] American College of Obstetrics and Gynecology. 2018. ACOG Committee Opinion No. 757: Screening for Perinatal Depression. 132:5(208-212). doi: 10.1097/AOG.0000000000002927

[2] Howard L & Khalifeh H. 2020. Perinatal mental health: a review of progress and challenges. World Pyschiatry. 19:3(213-327).

[3] US Preventive Services Task Force. 2019. Interventions to Prevent Perinatal Depression: US Preventive Services Task Force Recommendation Statement. JAMA. 321(6):580-587. doi:10.1001/jama.2019.0007

[4] Shuffrey L, Thomason M, & Brito, H. 2022. Improving Perinatal Maternal Mental Health Starts With Addressing Structural Inequities. JAMA Psychiatry. 79(5):387-388. doi:10.1001/jamapsychiatry.2022.0097

- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

## Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative. The Bree Collaborative director and program coordinator will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

## Meetings

The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

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