

Title: COMPASS-PLUS: Centering Perinatal Mental Health Equity Through Community Partnerships

Abstract:

Background: One in five birthing people experiences a perinatal mental health (PMH) condition which, if left untreated, can have devastating consequences for the individual, family, and community. While the perinatal collaborative care model (pCCM) has strong evidence of effectiveness in treating PMH conditions, gaps in addressing social determinants of mental health (SDoMH), including structural racism and discrimination, contribute to ongoing disparities in PMH outcomes.

Objective: To improve PMH care, we are creating COMPASS-PLUS (**C**ollaborative Care **M**odel for **P**erinatal Depression **S**upport **S**ervices – **P**opulation-**L**evel **E**quity-**C**entered **S**ystems **C**hange) [herein referred to COMPASS+]. COMPASS+ utilizes the pCCM as its core intervention embedded within prenatal and postpartum care. Our objective is to adapt the pCCM through cultivation of community partnerships to inform the specific approach in which COMPASS+ can address SDoMH, including racism, within PMH care. This presentation will describe the COMPASS+ listening sessions and community action and advisory board (CAAB).

Methods: Listening Sessions were conducted within the community, offering an opportunity to share the goals of COMPASS+ while hearing concerns raised about the existing paradigm of PMH care provision. Informed by participants at the Listening Sessions, two distinct CAABs were created to amplify the voices of birth workers (including community mental health therapists) and people with lived experiences of PMH conditions.

Results: Facilitated meetings are held biweekly with each group to review and solicit feedback for the various components of the pCCM. Feedback is directly incorporated into the clinical work and proposed intervention and informs the health equity lens of COMPASS+. Key themes that have emerged include integration of health equity advocacy and monitoring, structured approaches to addressing SDoMH through trauma informed care and harm reduction, optimizing patient communication, and ensuring transparency.

Conclusion: To evaluate COMPASS+, we plan a multi-site hybrid type 2 implementation effectiveness stepped wedge cluster randomized trial to test our central hypothesis that COMPASS+ is more effective and equitable than standard care for PMH outcomes.