Perinatal Mental Health Training for Certified Peer Support Specialists:

Results of a Pilot Study

December 11, 2024

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Dedication

Dedicated to the generations of mothers who suffered silently without mental health care, to the mothers who were brave enough to begin asking for and seeking help, and to all of the mothers and helpers who use their lived experiences to help others have a better quality of life.

Acknowledgements

Cummings Graduate Institute for Behavioral Health Services (CGI) would like to acknowledge the Policy Center for Maternal Mental Health for its critical leadership and advocacy for the advancement of health policies aimed at improving health outcomes for mothers everywhere.

CGI would also like to acknowledge the Perinatal Outreach and Encouragement for Moms (POEM) Program of Mental Health America of Ohio for its advocacy, education, and peer support resources. In particular, we thank the POEM Program for being a leader in offering education and training for those who wish to help mothers navigating perinatal mental health challenges.

Lastly, CGI deeply thanks Postpartum Support International of Arizona's Chairwoman, Elizabeth Wood, for her innumerable volunteer hours of leadership, consultation, and technical support aimed at improving maternal mental health in Arizona, and for her work to make a positive impact for mothers everywhere.

Prepared By

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Intended Audience

This study's findings will offer valuable insights for all stakeholders invested in improving the quality of perinatal mental health care, particularly in addressing the prevalent mental health challenges faced during pregnancy and postpartum. Given that up to one in five mothers experience perinatal depression or anxiety, peer support interventions offer an accessible, community-based approach to improving maternal mental health and strengthening family resilience (Kay et al., 2024). By demonstrating the effectiveness of peer support as a non-pharmacological intervention, the research provides a basis for preventative support that can enhance family well-being and help foster a supportive environment for both mother and child (Stewart & Vigod, 2019). State Departments of Health and State Medicaid Agencies benefit significantly from this innovative research, as the evidence will point to sound investment strategies for public health dollars towards workforce training initiatives and clinically sound, community-based interventions that deserve funding.

Executive Summary

A pilot study, executed by the POEM Program in partnership with the Ohio Chapters of Mental Health America (MHA) and Postpartum Support International (PSI-OH), Postpartum Support International of Arizona (PSI-AZ), the Policy Center for Maternal Mental Health, and Cummings Graduate Institute for Behavioral Health Studies (CGI), aimed to evaluate the effectiveness of POEM's maternal mental health add-on training for peer support specialists. The study provided insights into peer support specialists's knowledge of perinatal mental health conditions, explored regional variances in peer support specialist requirements, and highlighted the effectiveness of peer support specialists in addressing community needs for quality maternal mental health care. The findings underscore the importance of nationally standardized training in perinatal mental health and cultural competency for peer support specialists, enhancing their capacity to provide effective maternal mental health support. This pilot study lays a foundation for enhancing maternal mental health services through a standardized peer support approach, ultimately fostering equitable care for all mothers.

Key Findings:

- Training Effectiveness: Participants demonstrated significant improvement in knowledge of evidenced based perinatal mental health support interventions
- Training Outcomes: 91% of participants reported positive outcomes from the training.
- State Variability: State requirements for peer support specialists vary significantly, with some states requiring very minimal training and others requiring extensive coursework and hours of supervised experience.
- Experience: 81.8% of participants had experience working with perinatal populations prior to beginning the training.

- Demographics: The study included 16 participants from nine U.S. states, reflecting diverse ethnic and cultural backgrounds, including Hispanic, African/Black, Native American, Asian, and Caucasian communities.

Top Policy Recommendations:

1. National Standardization: Advocate for uniform training and certification requirements for peer support specialists in all states to minimize preparedness disparities that may negatively impact maternal mental health peer support.

2. Cultural Competency Integration: Allocate funding and resources to include cultural competency training for peer support specialists to ensure the effectiveness of maternal mental health peer support services in diverse communities.

3. Program Funding: Explore expanded funding models, including insurance reimbursement for peer support professionals and grants aimed at sustainable growth in the accessibility of peer support services for underserved populations.

4. More Research Needed: Conduct longitudinal studies to assess the long-term impacts of public health peer support initiatives aimed at reducing barriers to accessing maternal mental health care.

Introduction

During pregnancy and the first year after giving birth, perinatal depression and/or anxiety affect up to one in five women, with severe repercussions for both mothers and their families (Al-Abri et al., 2023). However, less than 25% of those affected receive formal support during the perinatal period, thanks to many barriers in accessing culturally sensitive and effective care. Mothers, particularly those in marginalized communities, are more likely to report experiencing mental health difficulties and seeking support first with trusted peers. In fact, peer support interventions have received support as an effective method of preventing or reducing acuity of perinatal mental health difficulties; both as a formal method of care or as an adjunct to formal support (Rice et al., 2022). With an expanded national cadre of well-trained peer support specialists, it may be possible to address the growing maternal mental health crisis through affordable and accessible evidence-based peer support interventions. Postpartum psychosis and depression have been the primary focus of perinatal mental health research and public health campaigns, with comparatively little national or state investment in addressing mental health workforce shortages with public health funded training initiatives specific to preparing perinatal experts. However, this is beginning to change.

The role of peer support specialists has recently gained recognition as an essential strategy to mitigate workforce shortages in mental health care, and many states have moved to integrate peer support specialists into crisis teams and substance use recovery treatment. As of July 2024, 48 states and Washington D.C. offer certification for mental health and substance use disorder peer support specialists, and 41 states offer Medicaid reimbursement for peer support specialists in either or both specialties. Specific deployment and reimbursement of peer support specialists in perinatal mental health care is an emerging area of interest (Policy Center for Maternal Mental Health, 2024). However, the requirements to become a certified peer support specialist vary widely across states, creating inconsistencies in training, experience, and qualifications. Although peer support interventions have shown promise, their effectiveness in addressing perinatal and postnatal mental health conditions remains underexplored. Additional training

for peer support specialists in perinatal mental health and cultural competency are hypothesized to be necessary to ensure best outcomes.

Pilot Study

The POEM Program of Mental Health America of Ohio (hereafter referred to as POEM), in partnership with the Ohio Chapter of Postpartum Support International (PSI-OH), offers peer support, resources, referrals, a sense of community, education, and advocacy opportunities to help moms and birthing persons in Ohio feel heard, understood, and empowered (Mental Health America of Ohio, 2024). The POEM Program prepares peer support specialists to provide perinatal mental health peer support services. In 2024, the Policy Center for Maternal Mental Health (PC-MMH) partnered with POEM to expand the reach of this training to peer support specialists nationwide. The Arizona Chapter of Postpartum Support International partnered with PC-MMH to assist in recruiting and scholar-shipping training participants from Arizona. This collaborative then partnered with Cummings Graduate Institute for Behavioral Health Studies (CGI) to conduct a pilot study to measure the impact of the peer support specialist add-on training on participants' readiness to deliver perinatal mental health peer support services in their home communities. Outcomes for the study included investigating state-by-state variations in peer support specialist requirements, assessing the impact of peer support interventions on maternal mental health conditions, and exploring gaps in cultural competency training for peer support specialists. Data was also gathered to determine how training participants were compensated for providing peer support services, as this varies from state to state and is an emerging payment reform strategy for State Medicaid Agencies.

Process

The study measured the effectiveness of the POEM Maternal Mental Health Add-On virtual training for state-certified peer support specialists and surveyed participants for additional information related to the study objectives.

Training Effectiveness

On the first day of the virtual training, the POEM facilitators administered a pre-test of thirteen (13) questions related to knowledge of evidence-based information about perinatal mental health conditions, practical techniques peer support specialists can use to guide new parents, and confidence in delivering culturally competent support. On the final day of the three-day training, the POEM facilitators administered a post-test of the same thirteen (13) questions to participants (see Appendix A).

Participant Survey

After completing the training, the Policy Center for Maternal Mental Health sent a virtual survey to all training participants (n=16). Survey questions were designed by the partnership collective with the CGI research team to gain participants' perspectives on their own lived experiences with maternal mental health or substance use disorders, service delivery as peer support specialists, funding for services, demographical data on populations served, barriers to providing care, educational and training history of participants, and recommendations for improvement in maternal health and substance use peer support services.

Results: Participant Survey

Participants

The study involved 16 participants, of whom 11 (68.75%) completed post-training surveys. Participants represented diverse backgrounds, including various organizational affiliations in mental health services and community resources.

Respondents' ethnic/cultural backgrounds:

- White (2 participants)
- American Indian (1 participant)
- African American and Native American (1 participant)
- Hispanic (1 participant)
- Black / African American (1 participant)
- Asian American (1 participant)
- Jewish (1 participant)

Three (3) respondents did not disclose racial/ethnic information.

Age Range: Participants ranged in age from 18 to 50+ years old, providing a broad spectrum of perspectives from early-career professionals to those with more extensive experience.

Organizational Affiliations: Participants worked for a variety of organizations, which provide a spectrum of community mental health services, peer support, and community-based resources.

Credentials and Licenses:

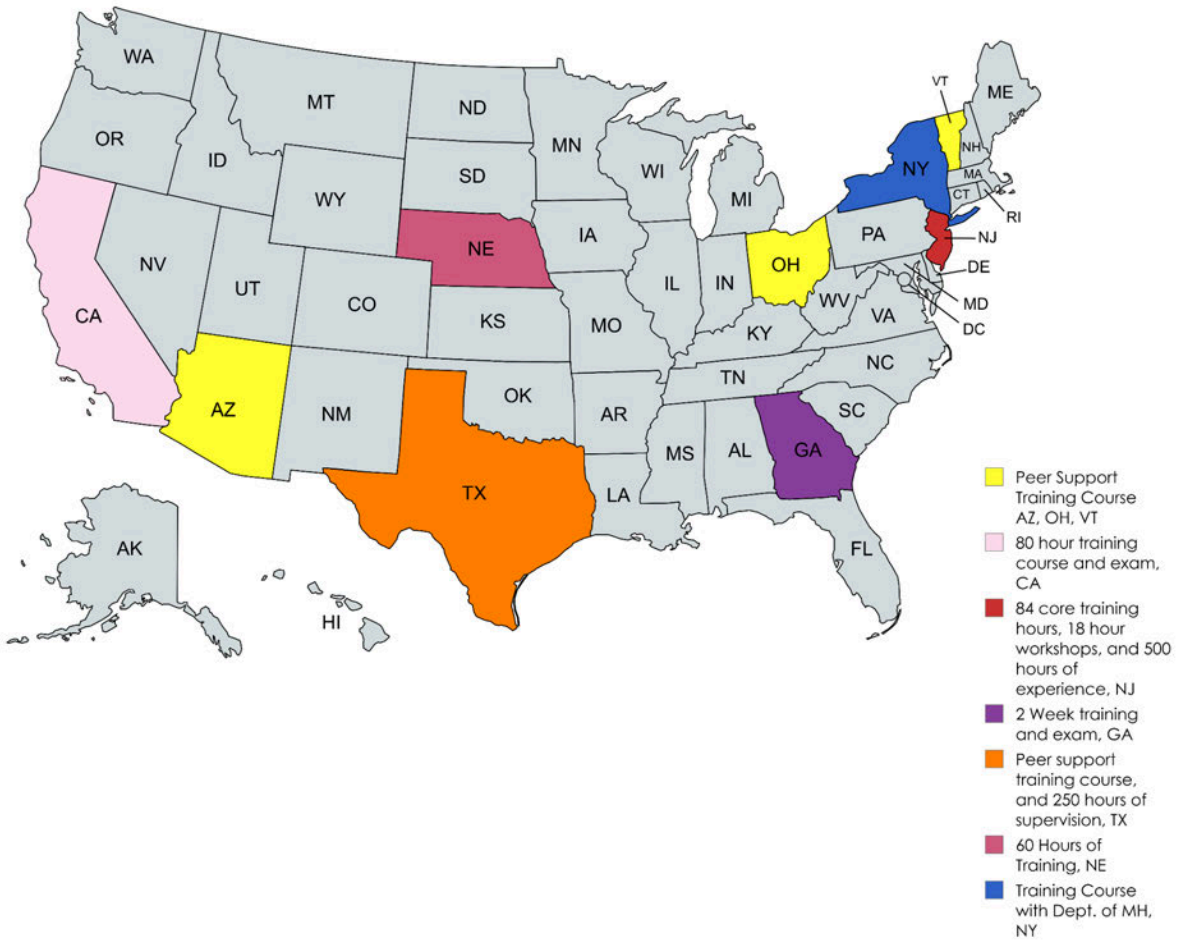
Participants reported a wide range of academic qualifications and professional certifications, including degrees in Social Science, Psychology, Applied Behavior Analysis, and Elementary Education and certifications such as Certified Recovery Support Practitioner (MHANJ), Affiliate Certificate in Perinatal Mental Health (PSI/Policy Center), Certified Peer Specialist (CPSS), WRAP ALF credentials, and Mental Health Peer Specialist certifications (State of Texas). One participant indicated they had no formal credentials ("N/A"). Another reported completing the Perinatal Mental Health certification (PMH-C) from Postpartum Support International. Out of eleven participants, only one (9.1%) reported being supervised by a licensed clinician.

Participants' Previous Training in:

- Mental/Behavioral Health or Substance Use Disorders: 45% reported no previous training while 55% reported at least some prior training.
- Maternal Mental Health: 55% said no; 45% said yes.
- Cultural Competency: 45% said no; 55% said yes.

Requirements for Peer Support Specialist by State

Survey results indicated that only three states, Arizona, Ohio, and Vermont, had the same requirements to become a peer support specialist. The other participants' home states, including New York, New Jersey, Texas, California, Georgia, and Nebraska, had different requirements.



Arizona, Vermont, and Ohio only required completion of a peer support training course. California required completion of an eighty-hour training course and passing an exam. New Jersey required eighty-four core training hours, an 18-hour Wellness Recovery Action Plan (WRAP) workshop, and five hundred hours of approved work experience. Georgia required completion of a two-week training program and passing an exam. Texas required completion of a peer support training course and two hundred fifty hours of supervised work experience. Nebraska required sixty hours of training. New York required a training course with the Department of Mental Health.

Geographic location:

All participants work in urban areas, and eight work in both urban and rural areas.

Experience with the perinatal (pregnant and postpartum) population

- 81.8% (9 participants) responded "Yes."
- 18.2% (2 participants) responded "No."

Lived experience with maternal mental health

All respondents reported lived experience with maternal mental health conditions. Participants reported a range of personal experiences, including early pregnancy loss, birth trauma, postpartum obsessive compulsive disorder, postpartum anxiety, post-Neonatal Intensive Care Unit (NICU) depression and panic, and post-abortion and post-miscarriage grief and depression. Participants reported seeking counseling, therapy, and medication to treat these conditions. One attendee reported that they went to a partial-hospitalization mental health treatment program for two months. We asked participants to share their lived experiences in brief; one participant said, *"I had postpartum anxiety and depression after my high-risk pregnancy, was put on bed rest, and went through the premature birth of my son and subsequent stay in the NICU in 2015. I sought treatment after he was a year old, and that included counseling and medication."* Another participant shared that she *"had postpartum anxiety when my son was born premature at 34 weeks and spent 21 days in the NICU. I also suffered from situational depression and panic attacks upon returning to work. My anxiety*

was heightened again when I was put on bedrest with my daughter at 31 weeks. She was delivered at 36 weeks and no NICU stay was required."

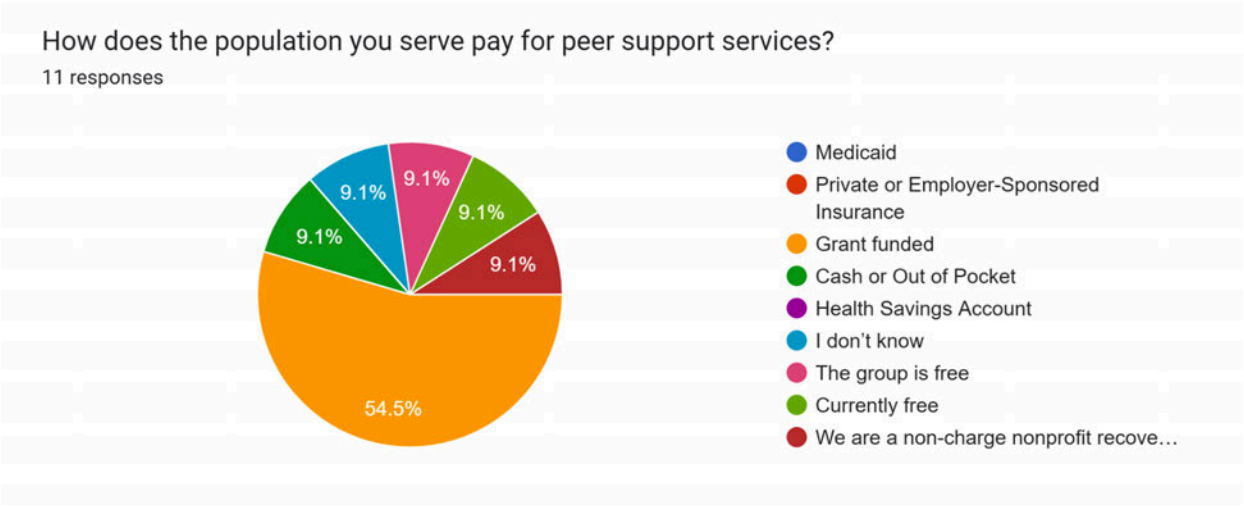
Lived experience with substance use disorders

Of the 11 respondents, 27.3% reported lived experience with a substance use disorder, with all of those respondents reporting being in recovery for a minimum of 21 months ranging up to over 10 years of recovery achieved.

Populations Served

Participants indicated the following about the populations they serve:

- Many are unaware of the socioeconomic status (SES) of the population they serve. Responses indicated that some participants serve a primarily Medicaid-eligible population; others work for nonprofit organizations that do not ask families about their SES; some serve populations that use commercial insurance plans to pay for care; and the majority responded that they are not sure.
- A mix of grants, nonprofit funds, and insurance reimbursement including both private and public plans is paying for attendees' peer support services at this time



- Some participants offer peer support groups virtually to residents of their state, and make these groups available to attendees from outside the state. One attendee reported that they primarily serve an indigenous reservation population in Arizona.
- Participants on average indicated that the race/ethnicity of the population they serve is congruent with their own racial/ethnic background.
- The age of the participants was slightly higher than the age of the populations served
    - A majority of the populations served were reported to speak English, with some Spanish, Haitian-Creole, Japanese, and Apache language reported. Training participants reported that services are provided in English (primarily) or in Spanish at this time.

Impact of Perinatal Peer Support

Thematic analysis of the 11 responses to the post-training survey revealed key ways perinatal mental health peer support impacts new parents:

1. Confidence and Empowerment: Participants report that peer support provides parents with tools and encouragement to make informed decisions about their family and health.
2. Connection and Support: Participants report the observation that peer support creates a sense of community, helping parents feel less isolated, reducing stigma, and fostering conversations around mental health.
3. Access to Resources: Participants reported that peer support connects parents to resources, treatment options, and decision-making support, empowering them to prioritize their health and wellness.
4. Emotional Validation: Participants reported that hearing from others who have experienced similar struggles reassures parents that their emotions are normal, promoting acceptance and reducing guilt or inadequacy.

5. Improved Maternal Outcomes: Participants reported that peer support, which emphasizes shared experiences and proactive care, can lead to healthier pregnancies and improved mental health outcomes.

Representative Quotes:

- "An impact I see is that our moms and birthing people are validated, and feelings are normalized when they say things like they are crazy. I also see that they are more willing to be referred to counselors or to talk to their ob/gyn's. I also see that they are willing to participate in self-care when we talk about it. I hear feedback that our groups have been so helpful to our parents, and they feel supported and seen."

- "Feeling heard and knowing you're not the only one going through this has helped mothers feel more normal. Knowing there are treatments has helped mothers think more about getting 1-1 care."

- "Since January 2024, I have provided services to over 100 parents. The validation is often palpable. We have created a space where they can hold many emotions and understand that it is okay."

- "I did not receive peer support when I was in the NICU and I can see and hear from these parents the impact of having someone else who gets it and can walk alongside them in this scary journey with their babies."

Cultural Barriers

Respondents reported the following perceived cultural barriers in giving peer support to new parents with maternal mental health conditions:

- Males being in charge of all decisions; feeling judgment from their spouse/partner

- Mothers who report feeling isolated and alone (only one experiencing this), feeling stigmatized by family members (hearing "we don't talk about it" or that they should "toughen up"), general cultural,

religious, and/or familial beliefs about mental health being a weakness and finding it difficult to open up in groups

- Stigma around mental health and the "supermom mentality that is both generational and cultural for families"; trauma in being told that they should be fine and that nothing is wrong
- Concern that some peer support recipients struggle with racial or cultural differences in the groups
- Distance to travel to in-person groups; particularly in rural/remote/reservation areas
- Concern about the need for more training and education as a peer support specialist
- Language differences
- Religious/spiritual differences

Relevance of Training

Participants were asked to score on a 0 to 5 point Likert scale how relevant this training was to providing maternal mental health support services to pregnant and birthing people. Three participants (27.3%) chose 4 and eight participants (72.7%) chose 5 (the highest possible rating).

Cultural Responsiveness and Inclusion

Participants were asked to score on a 0 to 5 point Likert scale how culturally responsive and inclusive they felt the training was. 90.9% of participants scored the training at a 5 (highest possible score), and one (9.1%) chose to rate the training at a 3 in this area.

Participant Satisfaction

When asked how satisfied the participants were, overall, with the training, 9 (81.8%) scored the training at a 5 (highest possible score) and 2 (18.2%) scored the training at a 4.

Efficacy in Preparation

When asked whether participants felt that the training prepared them to support pregnant/birthing people in the future, 90.9% indicated the highest score possible. Participants further shared that they enjoyed the open discussion, fantastic facilitators, comfortable environment, role playing, inclusion of everyone's voice and space for hard questions to be asked and answered. One participant said, "I really enjoyed learning more about barriers to care, substance use and PMHCs and conducting a safety assessment. I also loved hearing examples of how everyone worked as a peer specialist and having an opportunity to role play." When asked for additional feedback to help improve the training, the majority of participants stated they either had no feedback or felt that the training was great. One participant stated that an extra 30 minutes to ask questions, share, and decompress would have been helpful, and one other stated that the training was "very focused on perinatal but would like to see more support past the one year mark."

Results: Training Efficacy

Analysis of the ten questions aimed at measuring a change in knowledge from pre- to post-test indicated that twelve (12) out of sixteen (16) participants scored a perfect ten on the post-test. One hundred percent of participants affirmed that they "knew at least three practical techniques to better identify perinatal mental health complications and guide new parents" at the end of the training. Participants were also surveyed about whether they felt confident in their role as peer support specialists to support new parents with perinatal mental health conditions in the pre- and post-tests. One hundred percent (100%) of participants indicated that they felt confident in this role on the post-test. Ten of eleven (91%) of participants affirmed their confidence in giving culturally competent perinatal mental health support to new parents at the end of the training. The results demonstrate the effectiveness of the training, suggesting that the instruction was effective and facilitated learning. One participant's results indicated a decrease in accuracy of 2 points after the test. This finding might be indicative of external factors that might have influenced the scores, such as the trainee's engagement levels or changes in the learning environment.

T-test Interpretation:

A paired samples t-test was conducted to examine whether the training intervention significantly improved participants' knowledge scores. On average, participants had higher knowledge rates after the intervention. The pretest scores (M = 8.85, SD = 5.44) were compared to the posttest scores (M = 9.85, SD = 7.46). The difference was insignificant, [t (13) = 0.57, p = 0.58]. Despite a slight increase in the post-test mean, the difference is not statistically significant (as indicated by the p-value).

The t-test result indicates that while participants showed an average improvement in knowledge, further examination with a larger sample is needed to determine whether the training consistently impacts learning outcomes or if external factors influenced the results. With small samples, finding significant differences is difficult. These results are encouraging and can be interpreted as evidence that the training did result in improvements in knowledge.

Limitations

This pilot study has several limitations.

Sample Size: The 16-participant sample size is relatively small, limiting the findings' generalizability. A larger sample would provide a more robust representation of the broader population and help determine if the observed effects are consistent across different groups.

Individual Differences: While most participants showed increased confidence and knowledge, individual variations, such as Participant 14's neutral response and Participant 3's decrease in post-test scores, suggest that personal factors (e.g., prior knowledge, motivation, or external circumstances) may have influenced the outcomes. These factors were not controlled for in the study, which may limit the ability to draw broad conclusions about the training's effectiveness for all participants.

Duration of the Study: The study measured short-term outcomes immediately following the training. The lack of follow-up assessments limits understanding of the long-term impact of the training on participants'

confidence and knowledge retention. Future studies should consider including follow-up tests or surveys at intervals (e.g., 3 months) to evaluate the lasting effects of the training.

Engagement and Learning Environment: The variability in individual scores, particularly Participant 3's decrease, suggests that external factors such as the participant's level of engagement, attention during training, or environmental distractions may have impacted results. These variables were not controlled for and could influence the outcomes in ways not captured in the current study.

Methodology Constraints: Reliance on self-reported measures (e.g., confidence surveys, and post-test scores) may introduce response bias. Participants may have reported more favorable results due to social desirability or a desire to provide positive feedback about the training. More objective measures or a mixed-methods approach (e.g., interviews, or observational data) could provide a more comprehensive assessment of the training's impact.

Discussion

Policy Implications

The findings of this study reveal several strategic areas where policy interventions could significantly enhance maternal mental health support, particularly in the context of peer support services. Below, we discuss three key policy implications that emerged from our research: the standardization of peer support specialist training, the integration of cultural competency, and the provision of funding and reimbursement for peer support services.

Perinatal Mental Health Training is Essential for Peer Support Specialists

Peer support specialists who attended this training, on average, demonstrated increases in knowledge, skills, and confidence in supporting new parents who are experiencing distress. Four of the eleven respondents to the post-training survey indicated that they had received no training in mental/behavioral health, substance use disorders, or cultural competency prior to this training. While 100% of the post-training survey respondents shared personal lived experiences with mental health and/or substance use disorders, formal training is necessary to ensure that peer support specialists are prepared to support this particularly vulnerable population effectively.

Standardization of Peer Support Specialist Training

The variability in peer support specialist training across different states highlights a critical need for both national and state-level standardization. Establishing uniform certification requirements and standardized training curricula is essential to ensure that all peer support specialists possess the necessary knowledge and skills to effectively serve perinatal populations. This standardization could involve the development of a comprehensive training framework that encompasses core competencies, such as understanding perinatal mental health issues, effective communication strategies, and crisis intervention techniques. Furthermore, ongoing professional development opportunities should be integrated into this framework to ensure that peer support specialists remain updated with the latest research and best practices in maternal mental

health. By implementing such standardization, policymakers can enhance the quality of peer support services and improve outcomes for maternal mental health.

Cultural Competency Integration

The importance of cultural competence in providing effective peer support was a significant finding of this study. Peer support specialists need to be equipped with the skills to understand and address the diverse cultural backgrounds and experiences of the perinatal populations they serve. Therefore, it is imperative that policies mandate cultural competency training for all peer support specialists, particularly those working with maternal mental health. Such training should include education on cultural awareness, effective communication with clients from varied backgrounds, and strategies to mitigate biases. By institutionalizing cultural competency training within peer support frameworks, policies can foster inclusivity and accessibility, ensuring that maternal mental health interventions are relevant and sensitive to the needs of all community members.

Funding and Reimbursement for Peer Support

Our research indicates that many peer support specialists operate in underfunded contexts, often relying on cash-pay or grant-funded models to sustain their services. This lack of funding poses significant barriers to the sustainability and accessibility of peer support services in the maternal mental health sphere. Therefore, it is crucial for policymakers to advocate for reimbursement models that allow peer support specialists to be compensated for their important work. By securing dedicated funding streams and integrating peer support services into existing healthcare reimbursement frameworks such as Medicaid and private insurance. Policymakers can help ensure that these services remain viable and accessible to mothers in need of mental health support. Improved funding mechanisms would not only enhance the sustainability of peer support programs but would also facilitate a broader reach, ultimately benefiting a larger population of maternal clients.

In conclusion, the findings from this study emphasize the critical need for targeted policy adaptations to enhance maternal mental health support through peer support services. By focusing on the standardization

of training, integrating cultural competency, and ensuring adequate funding and reimbursement, policymakers can play a pivotal role in improving these essential services for mothers across diverse communities. Addressing these areas can lead to a more robust and effective framework for maternal mental health, ultimately contributing to better health outcomes for women and their families.

Stakeholder Considerations

The successful implementation of enhanced maternal mental health support services, particularly those employing peer-delivered support, necessitates careful consideration of the various stakeholders involved. Each group has unique interests and needs that must be taken into account to develop effective policies and programs. Below we discuss the implications for four key stakeholder groups: mothers and families, peer support specialists, healthcare providers, and policymakers.

Mothers and Families

Mothers experiencing perinatal mental health challenges represent the primary beneficiaries of improved support services. Increased access to culturally competent, peer-delivered support can play a pivotal role in enhancing maternal mental health outcomes. Research indicates that peer support not only provides emotional validation but also fosters a sense of community and belonging among mothers, which is essential during the vulnerable perinatal period. By facilitating connections between mothers with similar experiences, these support services can mitigate feelings of isolation and anxiety. Furthermore, improved maternal mental health contributes not only to the well-being of mothers but also strengthens family resilience, creating a positive cyclical effect on family dynamics and child development. Thus, it is essential that stakeholder considerations prioritize the needs of mothers and families to ensure they receive the support necessary for optimal mental health and family functioning.

Peer Support Specialists

For peer support specialists, the standardization of training and certification requirements is of paramount importance. Such standardization will provide clearer professional pathways and enhance the overall credibility of the peer support role. By developing uniform training protocols, stakeholders can ensure that peer support specialists are equipped with the skills and knowledge needed to effectively engage and support diverse communities. This approach not only professionalizes the role but also broadens the appeal of peer support positions, attracting individuals who are committed to making a difference in maternal mental health. Ultimately, empowering peer support specialists through standardized training enhances their capacity to serve mothers effectively and fosters a sense of fulfillment and competence in their work.

Healthcare Providers

Healthcare providers play a critical role in the overall management of maternal mental health. The integration of peer support specialists into healthcare teams offers an opportunity for providers to deliver more comprehensive care that addresses both clinical and emotional aspects of maternal health. By collaborating with peer support specialists, healthcare providers can better identify and respond to the multifaceted needs of mothers. This collaborative approach allows for a more holistic treatment plan that acknowledges the importance of emotional support in recovery and well-being. Moreover, integrating peer support specialists into healthcare settings can improve providers' ability to offer culturally competent care, ensuring that diverse patient needs are met effectively. As such, stakeholder considerations should focus on promoting collaborative relationships between healthcare providers and peer support specialists to enhance the quality of maternal mental health care.

Policymakers

Policymakers hold a significant responsibility in shaping the landscape of maternal mental health services. The findings from this study can serve as a powerful advocacy tool for policymakers seeking to promote robust support for peer support programs. By leveraging research evidence, policymakers can push for legislative changes and funding allocations that prioritize equitable access to culturally competent maternal

mental health services across diverse populations. This advocacy is essential not only to ensure the sustainability of peer support initiatives but also to address systemic barriers that disproportionately affect marginalized communities. Policymakers must recognize the importance of peer-delivered support services as a critical component of comprehensive maternal care, and their efforts to enhance these services have the potential to create lasting positive impacts on maternal and family health outcomes.

Stakeholder considerations are integral to the successful implementation of enhanced maternal mental health support services. By recognizing the unique needs and contributions of mothers and families, peer support specialists, healthcare providers, and policymakers, a more effective, inclusive, and sustainable approach to maternal mental health can be achieved. This collaborative framework ensures that the voices of all stakeholders are heard and that policies are designed to meet the multifaceted needs of maternal populations.

Recommendations

The findings from this study highlight critical opportunities for advancing perinatal mental health through strategic policy actions and stakeholder engagement. To address state-level disparities in peer support specialist training and improve the quality and accessibility of care, state Medicaid agencies and departments of health should allocate funding for the training of peer support specialists in perinatal mental health. This investment will ensure consistent quality of professional peer support services nationwide and help establish a standardized framework for certification and practice. Additionally, policymakers at the state and national levels should advocate for the development and implementation of standardized training and certification requirements for peer support specialists, focusing on culturally sensitive and family-centered maternal mental health interventions. These efforts will help mitigate disparities in care quality and access, particularly in underserved communities.

Healthcare providers, including nurses, social workers, and Doctors of Behavioral Health (DBH), have a pivotal role in integrating peer support into collaborative maternal care models. Early screening and referral to peer support services can reduce the long-term effects of untreated perinatal mood disorders, fostering positive outcomes for families. Policymakers and public health officials can leverage these findings to improve maternal health policies by emphasizing cultural competency training and collaborative care strategies that address diverse community needs. The study also underscores the importance of expanding initiatives led by organizations such as the Policy Center for Maternal Mental Health, Postpartum Support International (PSI), and Mental Health America of Ohio (MHA-OH), which are at the forefront of delivering culturally responsive peer support training.

For families affected by perinatal mental health issues, the findings from this study could mean increased access to mental health support services that align with their cultural values and lived experiences, resulting in more meaningful and effective care. Peer support specialists trained through culturally tailored programs can play a vital role in fostering emotional well-being, reducing stigma, and strengthening family bonds. These recommendations underscore the need for a coordinated, multi-stakeholder approach to addressing

the challenges of maternal mental health, particularly in the context of an uncertain healthcare landscape influenced by the overturning of Roe v. Wade and its implications for access to comprehensive maternal care. By prioritizing culturally competent, accessible, and standardized care models, we can create a more equitable maternal healthcare system that supports the well-being of mothers and their families nationwide.

Conclusion

The findings of this study emphasize the promise as well as the challenges of offering peer support interventions in perinatal mental health care. While training programs have demonstrated improvements in participants' confidence and cultural competence, the lack of statistically significant differences between pre- and post-test scores indicates the need for ongoing evaluation and enhancement of these initiatives. The wide variation in state-level requirements for peer support specialists further underscores the importance of developing standardized approaches to ensure equitable access to quality care across different regions.

Recent changes in the political and legal landscape, including the overturning of Roe v. Wade, have introduced significant uncertainty into the maternal healthcare system. Access to comprehensive reproductive and perinatal care may vary significantly by state, affecting the availability of mental health services for expectant and new mothers. This heightened uncertainty places even greater importance on community-driven solutions like peer support, which can fill critical gaps in care, particularly in underserved areas.

Expanding initiatives like POEM, in collaboration with organizations such as PSI-AZ and CGI, offer a pathway to equip peer support specialists with the skills needed to address emerging challenges in maternal mental health. Moving forward, targeted investments in training, policy advocacy, and culturally responsive care will be essential to ensure that all mothers receive the support they need, regardless of geographic or political barriers.

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Appendix A

PMH Add-on Pre & Post-Knowledge Check

Answer True or False for each statement:

1. T F Pregnant individuals who feel stigmatized are more likely to drop out of substance use treatment.

2. T F A person's cultural experiences will influence treatment options for perinatal mental health conditions.

3. T F Providers can easily separate perinatal mental health complications from physical complications once the birthing person explains their symptoms.

4. T F Only females give birth.

5. T F We should avoid mentioning the word "suicide" in a maternal safety assessment unless we are certain the person feels this way.

6. T F Trauma can occur when somebody feels their reproductive health is being threatened.

7. T F Postnatal depression in non-birth parents is a serious condition.

8. T F People with self-reliant personalities are less prone to having a perinatal mental health condition.

9. T F Mothers who have unwanted, intrusive, and repetitive thoughts and images of harming their baby should not be left alone with their baby.

10. T F Mood swings in the first few weeks after birth are considered normal.

11. T F I know at least 3 practical techniques I can use as a Peer Support Specialist to better identify perinatal mental health complications and guide new parents.

12. T F I feel confident in my role as a peer support specialist to support new parents with perinatal mental health conditions.

13. T F I feel confident in my role as a peer support specialist to give culturally competent support to new parents with perinatal mental health conditions.

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