



Rhode Island Psychiatry Resource Network (PRN)

TELECONSULTATION PROGRAMS FOR HEALTHCARE PROFESSIONALS:



The need for pregnant, postpartum, and pediatric access to mental health support is urgent and growing. Rhode Island's RI MomsPRN and PediPRN programs empower healthcare professionals, build competency, and increase patient access to care.

RHODE ISLAND'S TWO PRN PROGRAMS SUPPORT HEALTHCARE PROFESSIONALS

Rhode Island has two statewide Psychiatry Resource Network (PRN) teleconsultation programs:

RI MomsPRN and PediPRN. These programs support Rhode Island healthcare professionals by offering same-day specialized clinical consultations and resource/referral services related to mental health. This service enables healthcare professionals to comprehensively care for their patients more promptly with the goal of avoiding lengthy wait times for specialized care.

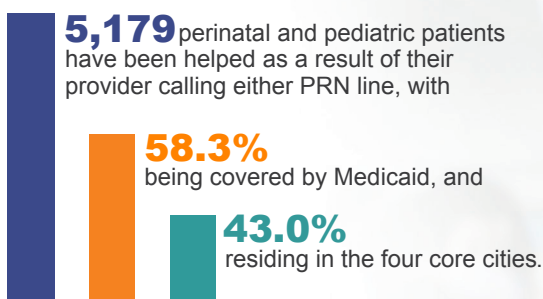
- **RI MomsPRN:** serves healthcare professionals treating pregnant and postpartum patients. Services are implemented by the Center for Women's Behavioral Health at Women & Infants Hospital. Launched in September 2019.
- **PediPRN:** serves primary care professionals (PCPs) treating children and adolescents. Services are implemented by Bradley Hospital. Launched in December 2016.

Rhode Island's two PRN programs have helped healthcare professionals support **5,179** unique perinatal and pediatric patients as of October 31, 2024.

Together, the RI MomsPRN and PediPRN lines have supported more than



Source: Rhode Island's Psychiatry Resource Network Programs, Rhode Island Department of Health, 2024



Source: Rhode Island's Psychiatry Resource Network Programs, Rhode Island Department of Health, 2024



THE NEED

FOR PREGNANT AND POSTPARTUM PATIENTS,

mental health and substance use conditions often go underdiagnosed, and engaging with care may be challenging for many reasons. Psychiatric medication may be discontinued or delayed due to concerns about medication safety during pregnancy and while breastfeeding. In addition, there is growing evidence that maternal substance use is increasing. The effects of unmet mental health needs can often extend to babies and entire families, with the potential for long-lasting negative impacts.

RHODE ISLAND FACT:

Mood and anxiety disorders are the most common complication of pregnancy and childbirth, and maternal substance use is increasing.



More than **one in four (27.1%)** women report experiencing depression either immediately before, during, or after their pregnancy.



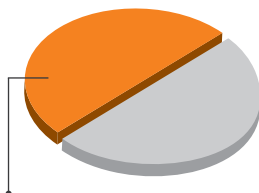
Nearly **one in four (24.6%)** women report substance use* at any time immediately before, during, or after their pregnancy.

Source: Rhode Island Pregnancy Risk Assessment Monitoring System (PRAMS), Rhode Island Department of Health, 2022

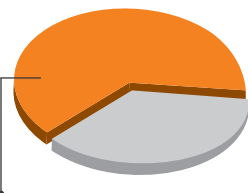
* Substance use includes the consumption of alcohol, tobacco, e-cigarettes, cannabis, opioids, or other drug use.

RHODE ISLAND FACT:

Among mothers experiencing depression during pregnancy



45.0% did not receive any counseling.



60.4% did not take medication.

Source: Rhode Island Pregnancy Risk Assessment Monitoring System (PRAMS), Rhode Island Department of Health, 2020-2022



FOR PEDIATRIC PATIENTS (UP TO AGE 17),

mental health cuts across all backgrounds, regardless of age, race, gender identity, or zip code. For developing children and adolescents, untreated mental health needs can disrupt functioning at home, school, and in the community and are increasing at an alarming rate.

RHODE ISLAND FACT:



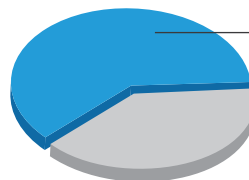
More than **one in four children (28.7%)** age three to 17, has a diagnosable mental health problem.



Nearly **one in 10 children (9.8%)** age six to 17, have significant functional impairment.

Source: 2022 & 2024 Rhode Island Kids Count Factbooks, Providence, RI: Rhode Island KIDS COUNT

RHODE ISLAND FACT:



62.1% of adolescents (age 12-17) did not receive mental health treatment for a major depressive episode in the past year.

Source: Reinert, M, Fritze, D. & Nguyen, T. (October 2024). "The State of Mental Health in America 2023" Mental Health America, Alexandria VA

For pregnant, postpartum, and pediatric patients, data indicate that the need for mental health services will continue to grow. The COVID-19 pandemic among other factors have negatively impacted these vulnerable populations and further drive the need for enhanced access, care, and support.



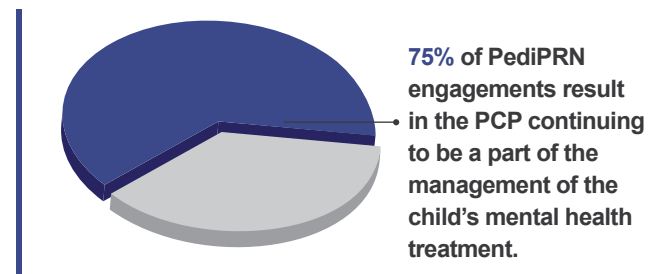
SERVING ALL RHODE ISLANDERS

RI MomsPRN and PediPRN services support healthcare professionals and their patients across Rhode Island, regardless of a patient's insurance status, coverage type, or health plan carrier. Both programs address health equity through enhanced outreach to healthcare professionals serving communities that are medically and/or geographically underserved.

For pregnant, postpartum, and pediatric patients, provisional diagnoses reported from PRN clinical consultations include depression, anxiety, post-traumatic stress disorder, autism spectrum disorder, attention-deficit/hyperactivity disorder, bipolar disorder, substance use disorder, and other psychiatric disorders. These are mental health conditions that may otherwise have had a delayed diagnosis and treatment, or ultimately been undiagnosed.

In addition, for pediatric patients, PediPRN empowers PCPs to take an active role in their patients' mental healthcare. Pediatric healthcare professionals build trusted relationships with their patients and families, enabling open communication and ongoing monitoring over the course of their patients' development—factors that are critical in identifying and addressing mental health issues.

With access to PediPRN, PCPs can effectively treat their patients' mental health symptoms via medication management, brief targeted interventions, and other strategies. This timely intervention leads to better outcomes, including faster initiation of treatment with a familiar healthcare professional.



Source: Rhode Island's Pediatric Psychiatry Resource Network Program, Rhode Island Department of Health, 2024

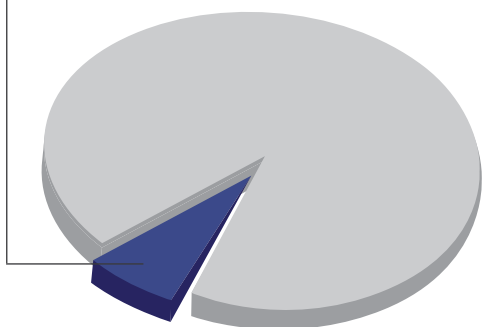
Similarly, RI MomsPRN clinical consultations often result in the development of specific treatment plans that help healthcare professionals connect patients to appropriate care.



INCREASING ACCESS TO MENTAL HEALTHCARE AMIDST SHORTAGES

While early diagnosis and access to care is critical in addressing mental health conditions, there is a significant shortage of specialized mental health professionals and often long waitlists. As a result, much of the burden for initial mental healthcare falls on frontline clinicians, such as primary care and obstetric healthcare professionals. They must navigate a complex and overtaxed system to connect their patients with the proper specialized mental health services.

It is estimated that only **11%** of psychiatrists in Rhode Island provide specialized psychiatric care for perinatal and pediatric patients.



Source: Rhode Island's Psychiatry Resource Network Programs, Rhode Island Department of Health, 2022

To learn more about how the PRN programs help healthcare professionals improve maternal, child, and adolescent mental health, visit health.ri.gov/PRNprograms.

All PRN Program data accurate as of October 31, 2024.
Policy Brief version 6, December 2024

The RI MomsPRN and PediPRN programs increase access to mental health treatment by building frontline healthcare professional competency:

- **Growing clinical knowledgebase and competency.** One consult call can impact many patients. Healthcare professionals can leverage their experience from PRN consultations and educational trainings to treat any of their patients. As healthcare professionals develop their own knowledgebase and comfort in treating mild-to-moderate mental health conditions, the state's limited subspecialty workforce is able to focus on patients with the most complex needs and conditions, including those at highest risk for hospitalization.
- **Continuing professional education.** Short- and long-term collaboration and clinical training supports mental health awareness, identification, and treatment.



SOURCES

ACOG Committee Opinion No. 711: Opioid Use and Opioid Use Disorder in Pregnancy. (2017). *Obstetrics & Gynecology*, 130(2), e81–e94. <https://doi.org/10.1097/AOG.0000000000002235>.

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