



**Mind Blossom, Inc.**

A 501(c)3 Public Charity nonprofit organization

<https://mindblossom.org/>

EIN: 92-2178954

# Supporting Black and Brown New & Expectant Mothers in New Haven, CT

Mothers are the anchor points of our communities

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## One-Page Program Overview

This document provides an overview of how Mind Blossom executes their 12 week, in-person Maternal Health Program at the Dixwell Q House in New Haven, CT.

**What's the purpose?** The overarching purpose of the program is to empower Black and Brown expecting and new mothers in New Haven with the knowledge, skills, and resources to foster positive mental health and navigate times of mental illness.

**Who can participate?** This program is offered to Black and Brown expecting (+12 weeks of pregnancy) and new (child <12 months old) mothers who fall into one or more of the following groups: financial instability, insecure housing, previous experience with mental illness.

**What are the participation requirements?** Participating mothers must agree to complete all assessments and attend all 12 weekly in-person sessions taking place at the Dixwell Community Q House. Childcare will be available on-site during the sessions. If a mother is unexpectedly unable to attend one of the sessions, they must contact the program director and a separate phone or virtual call will be scheduled to provide the mother with the key-insights from the missed session. If a mother misses two sessions in a row, they will be excluded from the program.

**What are the methods?** We implement three scientifically validated methods to support and improve maternal health, knowledge, community and skill building:

1. **Education:** Weekly mental health education knowledge and skill building sessions facilitated by mental health experts and mothers with lived experience.
2. **Community:** Peer mentorship and community building through the weekly sessions and wellness check ins in between sessions.
3. **Finances:** Financial literacy and career development is an essential part of the weekly sessions. In addition the women receive a monthly stipend, food support, and transportation vouchers.

**How will we measure the program impact?** We measure the impact of the program through comprehensive evidence-based wellbeing and skill pre- and post survey assessments and focus group interviews. To further enhance this dataset, we also provide the same surveys to waitlisted mothers (i.e. mothers that are not active participants in the current program).



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## Why your support matters

Black and Brown women are twice as likely to develop perinatal mental health challenges, yet half as likely to receive treatment ([CDC, 2024](#); [Estriplet et al., 2022](#), [Policy Center for Maternal Mental Health, 2022](#)). The mental health of a mother is foundational for their child's development and wellbeing. By supporting mothers, we break intergenerational cycles of trauma.

Your support changes not just the life of a mother, but the life of a community.



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# Introduction to Mind Blossom

Mind Blossom, a non-profit 501(c)(3) Public Charity organization, was founded by Dr. Pernille Yilmam, PhD, a distinguished neuroscientist trained at Emory University and Harvard Medical School. Driven by her own experiences of childhood trauma and a lack of adequate treatment, Mind Blossom is firmly grounded in scientific principles. Our programs draw upon research published since the 1980's, highlighting the efficacy of education as a powerful tool in preventing and reducing mental health challenges and illnesses while enhancing overall well-being and coping skills. Delve deeper into the scientific credibility of mental health education by exploring the links provided on our website. Our interdisciplinary team, comprising neuroscientists, psychologists, social workers, educators, and individuals with lived experiences, collaborates to create engaging programs with a tangible impact. Mind Blossom has an impressive track record among caregivers and community center staff members, demonstrated by de-stigmatizing mental health therapy, enhancing resourcefulness, building evidence-based knowledge foundations, and increasing confidence in talking about mental health issues with various stakeholders, including peers and healthcare providers. Mind Blossom strives to make the often-serious topic of mental illness more approachable and accessible. Committed to breaking barriers, particularly for historically underserved groups, our passionate team ensures that all profits are reinvested in advancing this vital cause.

Explore the scientific credibility of mental health education [here](#).

Learn more about mental health education [here](#).

Check out one of our recent Impact Reports [here](#).



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# The Science Behind Our Maternal Health Program for New & Expectant Mothers

Expectant and new mothers face an increased risk of developing mental health challenges. In the United States, the most common mental health issue among mothers is depression, which can occur either prenatally (before birth) or postpartum (after birth), both of which have major negative implications for not just the woman's but also their (un)born child's health. For example, prenatal depression, affecting 17% of women in the US, is associated with a higher risk of perinatal complications, such as preeclampsia and spontaneous abortions ([Dagher et al., 2021](#)) and they are also at higher risk of chronic health issues, such as hypertension and diabetes ([Perlen et al., 2013](#)). Similar health issues are true for women with postpartum depression, which affects at least 15% of mothers in the United States ([Anokye et al., 2018](#)). Women experiencing prenatal or postpartum depression have higher rates of suicidal ideation ([Meltzer-Brody, 2011](#); [Lindahl et al., 2005](#)), which is believed to be a significant factor of maternal death by suicide. Suicide accounts for 20% of all maternal deaths in the US, making it one of the leading causes of maternal mortality ([Lindahl et al., 2005](#)). Children of mothers with prenatal or postpartum depression have increased rates of mortality, serious illness, cognitive developmental delays and long-term mental illness ([Slomian et al., 2019](#); [Meltzer-Brody, 2011](#)). One economics study estimated that over the course of five years, perinatal mental illness - defined as mood disorders or anxiety occurring during pregnancy or the first year after birth - costs the United States \$14 billion ([Luca et al., 2020](#)).

The treatment of mental illness in pregnant women and new mothers is a topic of significant public debate. Many women are reluctant to seek evidence-based treatment due to concerns about the potential (but unfounded) negative effects of antidepressants or mood stabilizers on their unborn or newborn child's development ([Meltzer-Brody, 2011](#)). It is estimated that in the United States, 50% of women diagnosed with perinatal depression go completely untreated ([Luca et al., 2020](#)), and these rates are higher in low-income women, particularly among Black and Latina women ([Kozhimannil et al., 2011](#)). In fact, living in a disadvantaged neighborhood in the United States is associated with poorer postpartum mental health ([Onyewuenyi et al., 2023](#)), and mothers with postpartum depression are twice as likely to become homeless ([Curtis et al., 2014](#)). It is therefore critical that we provide geographically and demographically targeted mental health support to decrease existing inequities for both the mothers and their children.

Several barriers impede access to perinatal depression treatment. In addition to economic costs and structural obstacles, stigma, beliefs about mental health, fear of judgment, and sociodemographic factors significantly inhibit treatment and support seeking ([Webb et al., 2023](#)).



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Many women, particularly those of color and those living in low-income neighborhoods, are less likely to seek treatment due to personal beliefs and stigma, even when diagnosed ([Kozhimannil et al., 2011](#); [Ward et al., 2009](#)). Thus, a major challenge is providing new and expectant mothers with evidence-based knowledge and skills to support their mental health effectively. One effective approach is through group-based support and educational programs, an approach that was formally recommended by the [US Preventive Services Task Force in 2019](#).

One type of group-based support and education program is mental health education, also known as mental health literacy and psychoeducation. Mental health education is an effective strategy to improve mental wellbeing, mental health related knowledge, and resourcefulness among new and expecting mothers ([Baldwin et al., 2022](#); [Tola et al., 2022](#)). Mental health education program for new and expecting mothers is also associated with reduced rates of perinatal depression ([Mhango et al., 2024](#); [Tola et al., 2022](#); [Park et al., 2020](#)), and evidence suggests that it improves the mother-child bond ([Yuen et al., 2022](#)), which we know is negatively affected when mothers experience perinatal depression ([Meltzer-Brody, 2011](#); [Dagher et al., 2021](#)). The combination of evidence-based knowledge and skill acquisition with community building is a core aspect of the success of these mental health education programs, which are critical steps in promoting social equity ([Castillo et al., 2019](#)). Importantly, the child's wellbeing and development correlates directly with their mother's. Studies find that when mother's receive support for their mental health, their children benefit both emotionally and behaviorally, even if the child does not receive any direct treatment services ([Swartz et al., 2016](#)).

Despite this research, few such programs are offered to new and expecting mothers. The present program aims to meet this need by providing 12 weeks of mental health education and community building for a small local group of new and expecting mothers in the Dixwell community of New Haven, Connecticut (CT).

Composed of 50% Black and 13% Hispanic individuals ([Statistic Atlas](#)) Dixwell resides in a part of New Haven, CT, that has historically been underserved. A 2014 report from the MOMS partnership collaboration, spearheaded by Yale University, reported that across New Haven, 24% of mothers did not get mental health support because they did not know where to go and 21% of mothers reported that stigma and judgment remained a major barrier ([The MOMS Partnership 2014 Data Report](#)). In the Dixwell community specifically, 100% of mothers reported poor mental health. These data points emphasize the need of providing effective mental health support to expecting and new mothers in the Dixwell community.

With a median household income of \$40,000 ([Niche](#)), the average household in Dixwell falls into the low financial tier based on US standards. This financial challenge is further demonstrated by



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the 55% and 50% of mothers in Dixwell who reported running out of food and diapers, respectively, every month ([The MOMS Partnership 2014 Data Report](#)).

Financial stability is increasingly demonstrated to impact wellbeing and mental health ([Ridley et al., 2020](#)). Research studies show that providing people with a small, but stable financial stipend as a part of a health program improves their mental and physical health, as well as their financial stability ([Ruducha and Jadhav, 2018](#); [Lorenzetti et al., 2017](#)). However, most of the research combining health literacy with financial support has occurred in non-US countries such as India, Afghanistan, and Syria ([Spowart, 2023](#)). These studies have found that when mothers are provided with a stable income they are most likely to spend that money on their child's health and education and/or the family's economy, benefitting both the child and the mother long-term. Based on the survey from the MOMS report, mothers in Dixwell would spend their money on food and diapers.

Our Maternal Health Program leans on the published research from psychology, public health, and economics described above, and offers an evidence-based combination of mental health education and financial support. These efforts align with the recent Maternal Health Task Force announcement from the President ([SAMHSA, 2024](#)). Our long-term goal is to enable Dixwell and New Haven community members to run this program independently at their local community center, and expand the program to other disadvantaged neighborhoods in New Haven and throughout Connecticut.



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## On-site Team

The on-site team currently comprises four people. The following provides an overview of who they are, their affiliation with Mind Blossom, their role title and their program responsibility.

### **Dr. Pernille Yilmam, PhD**

**Affiliation to Mind Blossom:** CEO & Founder of Mind Blossom, Inc.

**Maternal Health Program Role:** Program Director

**Education:** PhD In Neuroscience

**Specialty:** Neuroscience, psychology, mental health education program development and implementation, survey development and evaluation, teaching, mentoring, consulting

**Program responsibility:** Lead supervisor, development, implementation and evaluation of the program in person during year one, training of Dixwell Q House/LEAP staff, continued support beyond year one.

### **Chantell TiAnna**

**Affiliation to Mind Blossom:** Maternal Health Program Facilitator

**Maternal Health Program Role:** Maternal Health Program Co-Facilitator

**Education:** Life coach and Holistic Healing Practitioner

**Specialty:** Lived experience (mother + trauma), health education, financial literacy

**Program responsibility:** Works with Dr. Yilmam on-site to develop, implement, and facilitate the weekly sessions. Supports fundraising coordination and impact communication. Chantell is on track to become the Program Manager of Maternal Health Programs in New Haven, CT by July 2025.

### **Kaussar Rahman**

**Affiliation to Mind Blossom:** Volunteer

**Maternal Health Program Role:** Maternal Health Program Co-Facilitator

**Education:** Masters of Science

**Specialty:** Lived experience (mother + trauma), health education, financial literacy

**Program responsibility:** Works with Dr. Yilmam and Chantell TiAnna on-site to develop, implement, and facilitate the weekly sessions.



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**Angelina Campos**

**Affiliation to Mind Blossom:** Partner (Deputy Director of the Dixwell Community Center)

**Maternal Health Program Role:** Dixwell Q House Coordinator

**Program responsibility:** Works with Dr. Yilmam and Ethelia Holt to coordinate the logistics of the maternal health sessions, survey visits, Info Sessions, and fundraising events. Angelina Campos serves as the contact person for the Dixwell Q House.

**Ethelia Holt, BA**

**Affiliation to Mind Blossom:** Maternal Health Program Coordinator

**Maternal Health Program Role:** Maternal Health Program Coordinator

**Education:** BA in The History of Science, Medicine, and Public Health. Starting her MA in Public Health in Fall 2024.

**Speciality:** Public health, nonprofit program implementation, program evaluation, teaching.

**Program responsibility:** Works with Dr. Yilmam on-site to coordinate session logistics and support admin tasks, such as emailing mothers and organizing with the Dixwell Q House. Supports program design, implementation, assessments and Impact Report write up. Supports all fundraising efforts, including in-person events and outreach. Supports making the program sustainable, including identifying grants and engaging with relevant politicians/leaders/individuals in Connecticut that can provide ongoing financial and legislative support.



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## Advisors

Several individuals and organizations are involved as advisors in this program. The following provides an overview of the credentials, project responsibility, and personal information.

### **Dr. Sara Spowart, PhD**

**Specialty:** global and public health, psychoeducation program development and implementation, microfinancing, mental health counseling

**Current affiliation:** Adjunct Professor at University of South Florida, Owner of Sara Spowart Compassion-Based Therapy, Mind Blossom Board of Director Member

**Project responsibility:** support Mind Blossom in developing the 12 week curriculum content and implementation.

**Relevant links:**

[Dr. Sara Spowart](#)

[Global Health Security through Psychoeducation and Microfinance with At-Need Groups | IntechOpen](#)

### **Dr. Molly Dickens, PhD**

**Specialty:** maternal health, stress physiology

**Current affiliation:** Visiting Professor at University of California, Davis, Mind Blossom Advisory Board Member

**Project responsibility:** support Mind Blossom in developing the 12 week curriculum content and implementation. Dr. Dickens will also be involved with developing and submitting grant applications, writing the impact report, and publishing the program data in peer-reviewed scientific journals.

**Relevant links:**

[The Maternal Stress Project](#)

### **Ky Langley**

**Specialty:** lived experience with motherhood, trauma, and communication

**Current affiliation:** Self-employed, Mind Blossom Advisory Board Member

**Project responsibility:** support Mind Blossom in developing the 12 week curriculum content and implementation. Ms. Langley will support by sharing her personal experience of being a mother of seven children and overcoming traumatic experiences.

**Relevant links:**

[Transparent Trauma](#)