Nested

SEPTEMBER 2026

Impact Report

INFO@NESTED-INSTITUTE.ORG

Executive Summary

Executive Overview
Nested is an interdisciplinary research-to-practice organization. We identify systemic gaps in caregiver and educator well-being, conduct high-rigor studies, and translate findings into scalable tools, public campaigns, and on-the-ground clinical programs.

Theory of Change
We conduct rigorous research ⟶ equip frontline clinicians and educators with clear research infrastructure to secure funding and scale ⟶ translate insights into low-barrier tools that shift practice, public narrative, and policy.

Year at a Glance

- Inaugural White Paper: Published our foundational report on birthing caregivers and perinatal mental health, covered by Parents.com and WNYC, with findings cited and shared by clinical and perinatal organizations including FamilyWell Health, Brooklyn Parent Support, The Parent Collective, Matrikas, and The Seleni Institute.

- Peer-Reviewed Publications: Authored two journal articles, including a featured cover story in *Psychiatry International* and a co-authored study with Philips in the *Journal of Medical Internet Research*.

- National Recognition: Awarded the Susan A. Hickman Memorial Research Award (co-founder Robin Neuhaus) from Postpartum Support International for pioneering research proposal on non-birthing caregivers.

Pillar 1: Perinatal Mental Health Research

NATIONAL BIRTHING CAREGIVER STUDY

Nested conducted a cross-sectional online survey of over 900 birthing caregivers nationwide and in-depth interviews with 17 to map systemic disconnects in perinatal mental healthcare, screening, and workplace policy.

- **Critical Screening Failures:** 40% of caregivers who experienced a perinatal mental health disorder were never screened at follow-up visits. Of those who were screened, 48% reported they felt they could not be honest.
- **Workplace & Family Protective Factors:** Access to 12+ weeks of paid leave was linked to 80% lower chance of leaving one's job, while supportive grandparent involvement was linked to lower perinatal mental health disorder rates (60% vs. 40%).

Published the findings across our inaugural perinatal mental health White Paper, ten in-depth case studies from our interview participants who bravely shared their stories, and a featured peer-reviewed cover article in Psychiatry International.

"I felt ashamed. I didn't answer screening questions honestly because I thought the doctor didn't care."

"I knew exactly how to answer to avoid raising red flags. But inside, I was really struggling."

Only **22%** of birthing caregivers felt like they could talk to their partners honestly about their mental health.

“The spotlight should be on the birthing parent, but that spotlight shouldn't cast a shadow.

— Interview participant

NON-BIRTHING CAREGIVER STUDY

Current perinatal mental health models tend to exclude non-birthing mothers, fathers, partners, adoptive parents, intended parents through surrogacy, and other non-birthing caregivers.

Findings from our birthing caregiver study drove the launch of our national non-birthing caregiver study. We are building the data needed to advocate for inclusive, whole-family mental health practice and policy.

Recognized with the Susan A. Hickman Memorial Research Award. Nested co-founder, Dr. Robin Neuhaus, presented proposal to 1,500+ clinicians and perinatal stakeholders at the Postpartum Support International Annual Conference.

98%

of birthing caregivers reported that their partner was never screened for their mental health.

“It would have made such a big difference for us if it were public knowledge that dads can be impacted too.”

Pillar 2: Early Childhood Educator Support

THE SMALL MOMENTS STUDY

In research-practice partnership with New York University and a New York City Head Start site serving low-income families, this project supports early childhood educators by protecting "small moments" of connection between teachers and children.

We initially began with individual interviews. Based on what those conversations surfaced, we shifted to role-specific focus groups, separating lead teachers, assistant teachers, and administrators, to capture how these small moments of connection are shaped differently by where someone sits in a classroom's power structure.

In the focus groups, teachers are reporting that these small moments are vital to finding meaning in their work and to staying in their profession. In a field defined by high turnover and increasing administrative pressures, understanding what helps teachers feel connected to their students and sustained in their roles is critical.

> **"Were it not for these small moments, I would not still be teaching. They make a huge difference on the teacher-student relationship and can have a lasting impact."**

Scope & Strategic Next Steps:

- **Community Reach:** Engaging 18 participating Head Start educators and staff, reaching ~150–250 young children and 150+ low-income families across the site.
- **Leadership Focus Groups:** Launching focus groups with school leadership to identify concrete avenues for reducing administrative burdens on teachers, carving out dedicated time for teacher-student connection.
- **Public Awareness Campaign:** Partnering with Live from Snacktime (founded by a former teacher, 800k+ Instagram followers) on a national advocacy initiative to protect these vital micro-interactions in daily classroom routines.

Pillar 3: Research Visibility

EDUCATION RESEARCH VISIBILITY PROJECT

In partnership with Stanford University and New York University, funded through the Brady Education Foundation, Nested is collecting and analyzing a dataset of 700+ education studies to understand why some research reaches the public but most doesn't.

This question sits inside a documented, larger pattern. Yettick (2015) found that less than 1% of over 227,000 education news articles mentioned research of any kind, and that of the small fraction that did, only 3% cited peer-reviewed work. What that study didn't examine is which research gets left out — and whether the studies most relevant to underserved communities are disproportionately among them. That's the gap this project is built to close.

Early analysis of our own dataset is consistent with the broader pattern: only a small subset of the studies we've coded so far received any media coverage. **We're now evaluating whether factors like study sample size, child age group, and a focus on specific populations (including racial and ethnic groups, low-income families, LGBTQ+ youth, and English language learners) are linked to findings being more or less likely to be picked up by mainstream and education-focused media.**

Next Steps: Where Funding Helps

Pillar 1 — Perinatal Mental Health & Early Childhood Educators
Our national survey mapped the structural failures in perinatal mental healthcare. Now we plan to test a novel means of connecting families to care.

> **Family Connections: Early Head Start Pilot | $35,000**
> Adapting Harvard Medical School's evidence-based *Family Connections* model to serve a broader perinatal population within NYC Early Head Start sites. Aims to increase uptake of perinatal mental health services by building stronger teacher-family connections.

Pillar 2 — Early Childhood Educator Support: Scaling "Small Moments"
Following a successful single-site pilot, the Small Moments Study is expanding to protect teacher-child connection as a core tool for reducing educator burnout.

> **Multi-Site Expansion & Policy Recommendations | $75,000**
> Funding expands data collection across additional Head Start centers and translates findings into actionable, leadership-facing guidelines to reduce administrative burdens on teachers.

Pillar 3 — Research Visibility: Closing the Science-to-Practice Gap
We are identifying why critical research fails to reach decision-makers, particularly research on marginalized groups.

> **Automated Research Visibility Engine | $25,000**
> Builds and human-validates an AI-assisted research coding pipeline. This replaces manual coding, allowing us to analyze the reach of research studies at a larger scale. Enables us to expand into other fields that may have uneven reach across populations, including women's healthcare and perinatal mental health.

General Support: Fueling Scalable Infrastructure
Unrestricted funding sustains the essential infrastructure that powers all three pillars. Crucially, flexible funding gives us the agility to follow evidence where it leads.

How do we use funding? Every gift goes toward participant incentives, researcher time, and the outreach that gets our findings into clinics, classrooms, and policy conversations.