



Visionaries for the Future of Maternal Mental Health

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October 7, 2021

Sen. Michael Bennet
261 Russell Senate Building
Washington, DC 20510

Sen. John Cornyn
517 Hart Senate Building
Washington, DC 20510

RE: Request for Information: Reforming Mental Health In America

Dear Senator Bennet and Senator Cornyn,

Thank you for requesting information from stakeholders regarding the future of mental health in America. We are writing on behalf of 2020 Mom, a national nonprofit organization that aims to close the gaps in maternal mental healthcare. Our primary areas of focus--from a policy lens as well as through programmatic work--are expanding access to services across the continuum of care, increasing screening for maternal mental health disorders (MMHDs), and reducing costs associated with seeking care for MMHDs.

2020 Mom is appreciative of your thoughtful white paper, and the four steps you have outlined for Congress to take in an effort to address mental health:

- 1) rapid response;
- 2) relationship adjustment;
- 3) redesigning the system; and
- 4) re-evaluating continuously.

We are writing to share some ideas to better support the mental health of all Americans, and to encourage Congress to consider mothers as a priority population. It is crucial that lawmakers prioritize MMHDs given the two-generation impact of untreated maternal mental health disorders, and the fact that early identification and treatment is possible and can ultimately prevent long-term depressive and anxiety disorders.

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We are hopeful that the Committee will prioritize *maternal* mental health disorders as part of this effort to ensure mental well-being for Americans. MMHDs are a serious public health concern, with approximately 20% of moms struggling with a mental health disorder like postpartum depression (Gavin et al. 2005).

Unfortunately, only 15% of these moms will ever receive treatment for their MMHD (Fairbrother et al, 2016). Suicide and overdose are the leading causes of death for a mom in the first year postpartum (Goldman-Mellor & Margerison, 2019). It is crucial that the federal government prioritize MMHDs in your efforts to address mental health more broadly.

Below we have listed some of the most common barriers to effective care for MMHDs, as well as our recommendations for how to overcome those barriers.

- **Barrier: Providers lack guidelines, referral pathways, capacity, and support to screen and treat.**

- **Recommendations:**

- *Screening Incentives:* It is critical that providers who come into contact with those who are suffering from mental illnesses--including those who are pregnant/postpartum--screen for mental health disorders. Providers should be incentivized to screen for mental health conditions.
- *Treatment Expansion:* After someone has a positive screen, it is then imperative that they are able to quickly access the treatment or other support services that they need. The U.S. is facing significant and growing shortages in the mental health and addiction workforce. One way to expand treatment and support services for individuals with mental health disorders is to expand the certified peer support specialists workforce. The Centers for Medicare and Medicaid Services (CMS) should ensure that all States provide mental health--not just substance use disorder--peer support training and reimbursement. Additionally, CMS must address payment of living wages for peer support specialists.

Another solution to workforce shortages is the use of virtual PCP-to-Psychiatric Consult services. This approach should be looked at for scalability, with urgency.

- *Care Management Programs:* Given the incredible fragmentation of health care and mental health care, which is largely rooted in bifurcated payments and contracts to providers, we believe health insurers should develop mental health and maternal mental health case management programs to oversee timely treatment access, in coordination with PCPs and obstetricians post-screening and initial treatment plan development.

- **Barrier: Medical and mental health insurance and health delivery systems/providers are not integrated.**
 - **Recommendation:** Medical insurers should bring mental health in-house, include mental health benefits in all medical care benefit contracts, and expand medical provider contracts to reimburse for MMH services.
- **Barrier: Screening rates are not consistently measured and reported.**
 - **Recommendation:** National accrediting and measurement bodies require private funding to develop the quality measures that should be in place for all Americans regardless of whether funding exists. The National Committee for Quality Assurance (NCQA) has in the past developed and deployed an adult depression screening measure, which was then paused. With substantive funding from philanthropic organizations, a postpartum depression measure was developed. However, testing has been slow and NCQA has not provided an update on its prioritization. Consider the role that CMS, the Department of Labor (DOL), and the Agency for Healthcare Research and Quality (AHRQ) should play in ensuring quality measures are developed and reported on, with a particular focus on mental health and maternal mental health.
- **Barrier: The federal government is not coordinated in its efforts to support moms with mental health disorders.**
 - **Recommendation:** Congress should prioritize advancing the bipartisan Taskforce Recommending Improvements for Unaddressed Mental Perinatal & Postpartum Health (TRIUMPH) for New Moms Act (H.R. 4217/S. 2779). This legislation would create an interdepartmental task force, led by the Assistant Secretary for Health and comprised of several HHS agencies, including the Administration for Children and Families (ACF), CMS, the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as the Department of Veterans Affairs (VA), the Department of Justice (DOJ), the DOL, the Department of Housing and Urban Development, and the Department of Defense. The task force would review existing programs for addressing MMHDs; eliminate any duplicative federal programs; identify best practices for addressing MMHDs; and ultimately develop a national strategy and offer recommendations to governors on how to implement that strategy to close gaps in maternal mental healthcare.
- **Barrier: Moms of color face increased rates of MMHDs and lower rates of access to care.**
 - **Recommendation:** Congress should swiftly pass the bipartisan Moms Matter Act (H.R. 909/S.484). This bill, if passed, would create a grant program within SAMHSA to ensure that moms have better access to mental health and substance use disorder services. It would also create a grant program within HRSA to bolster and diversify the maternal mental health and substance use workforce. Both of these grant programs would have a particular focus on racial and ethnic minority groups.

We appreciate your consideration of these recommendations, and we are grateful for your ongoing leadership on mental health issues. We look forward to working with your offices and the Finance Committee in the months and years ahead to ensure that all people, including moms, receive the mental health and substance use disorder services that they need and deserve.

Should you have any questions, please don't hesitate to contact Shalini Wickramatilake, Director of Public Policy, at shalini@2020mom.org.

Sincerely,



Joy Burkhard
Executive Director



Shalini Wickramatilake
Director of Public Policy

References:

Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol.* 2005;106(5 Pt 1):1071-83. doi:10.1097/01.AOG.0000183597.31630.db.

Fairbrother N, Janssen P, Antony MM, Tucker E, Young AH. Perinatal anxiety disorder prevalence and incidence. *J Affect Disord.* August 2016;200:148-55. doi:10.1016/j.jad.2015.12.082.

Goldman-Mellor S, Margerison CE. Maternal drug-related death and suicide are leading causes of postpartum death in California. *Am J Obstet Gynecol.* 2019;221(5):489.e1-489.e9. doi:10.1016/j.ajog.2019.05.045