



Visionaries for the Future of Maternal Mental Health

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October 27, 2021

Sen. Chris Murphy
136 Hart Senate Building
Washington, DC 20510

Sen. Bill Cassidy
520 Hart Senate Building
Washington, DC 20510

RE: Request for Information: Mental Health Policy

Dear Senator Murphy and Senator Cassidy,

First, thank you both for your ongoing leadership on mental health and addiction issues. We are grateful for your tireless efforts to improve the wellbeing of Americans, including through this most recent request for information on how to further address mental health and substance use disorders.

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 both a programmatic and policy lens--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.

We are writing to encourage Congress to consider mothers as a priority population in any efforts to address mental health and addiction. 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. Additionally, untreated MMHDs are incredibly costly, totaling over \$14 billion per year in the U.S. from lost productivity, preterm births, health costs, and behavioral/developmental issues in children (Mathematica, 2019).

We are hopeful that Congress will prioritize *maternal* mental health disorders as part of any upcoming legislative package

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addressing mental health. 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 our policy recommendations for improving maternal mental health services:

Create a Center of Excellence for Maternal Mental Health: Centers of Excellence (CoE) at the Substance Abuse and Mental Health Services Administration (SAMHSA) are charged with developing and disseminating training and technical assistance (TTA) for healthcare practitioners on particular issues. There currently is no CoE focused on maternal mental health. In recognition of the growing need of providers (primary care, OBGYNs, psychologists, doulas, etc.) to better understand how to serve those with MMHDs, a central national hub open to the public for TTA on maternal mental health would be incredibly beneficial.

Pass the TRIUMPH for New Moms Act (S. 2779) to better coordinate federal MMH programs: The MMHD programs that currently exist at the federal level are often siloed and aren't necessarily complementary. In an effort to better coordinate maternal mental health programs, 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), Centers for Medicare & Medicaid Services (CMS), 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 Department of Labor, 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.

Address MMHD inequities by passing the Moms Matter Act (S. 484): Approximately 3 in 5 Black moms will struggle with a MMHD, over double the rate of the general population. 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.

Authorize residential services grant program for those with MMHDs: Since 1993, SAMHSA has administered within its Center for Substance Abuse Treatment (CSAT) the Residential Services for Pregnant & Postpartum Women (PPW) grant program. This program allows mothers to receive residential treatment for addiction in a family-centered setting, meaning that their children can reside in the facility with them, and the entire family receives therapeutic services, not only the mother. Mothers also receive prenatal/postpartum health care, parenting skills coaching, and a whole host of other comprehensive services.

We recommend the creation of a similar program within SAMHSA's Center for Mental Health Services (CMHS) that would allow mothers with mental health disorders and their children to receive care in a residential facility. While a residential setting is not appropriate for all mothers with MMHDs, there are many mothers for whom a residential level of care would be clinically appropriate, and more beneficial than inpatient care or outpatient care. The U.S. does not currently have a residential mental health service delivery system for mothers, and 2020 Mom supports the creation of a grant program to offer this level of care to this priority population.

Pregnant & Postpartum set-aside in Community Mental Health Services (CMHS) Block Grant: The CMHS Block Grant, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) is a formula grant distributed to all 50 States, the District of Columbia, and territories to provide community mental health services. The CMHS Block Grant serves as the foundation of the publicly funded mental health system, ensuring that those with mental health disorders receive the care that they need. Unlike the Substance Abuse Prevention and Treatment (SAPT) Block Grant, which has a set-aside for pregnant and postpartum women to ensure that they receive priority treatment, the CMHS Block Grant does not currently have a built-in mechanism to prioritize this population. Maternal mental health disorders are serious and often debilitating, and in order to ensure that mothers receive priority in treatment admissions, lawmakers should create a set-aside for those who are pregnant/postpartum in the CMHS Block Grant, similar to that which already exists in the SAPT Block Grant.

Reinstate Women's Addiction Services Leadership Institute (WASLI): SAMHSA previously housed a program to develop leaders in the women's addiction services field and ensure that gender-responsive approaches are expanded. This program, the Women's Addiction Services Leadership Institute (WASLI), was designed to give early- and mid-career women's services professionals the knowledge, skills, resources, and tools needed to continue the growth and development of quality substance use services for women across the United States. The goals of WASLI were to strengthen the addiction and recovery field's capacity to meet the prevention, treatment, and recovery needs of women with substance use disorders by: developing and improving the leadership skills of participants; creating a network of leaders in women's services; establishing a model of women's leadership training; and strengthening the capacity of providers to meet the treatment and recovery needs of women with substance use and co-occurring disorders.

We recommend reinstating the WASLI leadership development program. This program is especially critical during this time in our nation's substance use disorder crisis.

Create a Maternal Mental Health Services Leadership Institute (MMHSLI): In addition to reinstating WASLI, 2020 Mom recommends creating a program within SAMHSA to develop the next generation of maternal mental health leaders. Using WASLI as a model, MMHSLI would aim to strengthen the leadership skills of participants; bolster the capacity of providers and policymakers to address MMHDs; and create a network of MMHD leaders. As a growing field with minimal opportunities for MMHD-specific training, a leadership development program for MMHD specialists would be greatly beneficial for those working in the field, and ultimately for those receiving MMHD services.

We appreciate your consideration of these recommendations, and again, we are grateful for your ongoing leadership on mental health issues. We look forward to working with both of your offices and the Committee on Health, Education, Labor, and Pensions (HELP) 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

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