MOMS IN CRISIS

HOW THE PANDEMIC & FORMULA SHORTAGE HAVE FED THE MATERNAL MENTAL HEALTH CRISIS
THANK YOU TO...

CONGRESSIONAL MENTAL HEALTH CAUCUS
BIPARTISAN MATERNITY CARE CAUCUS
BLACK MATERNAL HEALTH CAUCUS
LOGISTICS

PRESENTATIONS AND RECORDING WILL BE SENT FOLLOWING THE BRIEFING

QUESTIONS? CONTACT EMILY AT EROSENBERG@MMHLA.ORG
MOMS IN CRISIS: MATERNAL MORTALITY

U.S. ranks last among industrialized nations in maternal mortality

Maternal mortality rates continue to climb, especially for Black women

U.S.A. (26.4)

U.K. (9.2)
Portugal (9)
Germany (9)
France (7.8)
Canada (7.3)
Netherlands (6.7)
Spain (5.6)
Australia (5.5)
Ireland (4.7)
Sweden (4.4)
Italy (4.2)
Denmark (4.2)
Finland (3.8)

Deaths per 100,000 live births

Statistically significant increase in rate from previous year (p < 0.05)
NOTE: Race groups are single race
MOMS IN CRISIS: MATERNAL MENTAL HEALTH

SUICIDE & OVERDOSE are the leading causes of death for new mothers
**MOMS IN CRISIS: MATERNAL MENTAL HEALTH**

**MATERNAL MENTAL HEALTH CONDITIONS**
- Include **anxiety, depression, OCD, PTSD**, and more
- Are the #1 **complication** of pregnancy / childbirth
- Affect **1 in 5** pregnant or postpartum people
- Affect **40%** of military mothers, BIPOC individuals, and those living in low-income neighborhoods
- Can have **long term negative impact** on mother, baby, family, and society

*Byatt et al., 2015; Ko et al., 2017; Luca et al., 2020; Zivin et al., 2020; Centers for Disease Control, 2020; National Institute of Mental Health, 2013*
HOW DO I:

Avoid COVID?
Work from home?
Care for my family?
Teach my children?
Feed my infant?
Keep everyone safe?
MOMS IN CRISIS:
MATERNAL MENTAL HEALTH AND FAMILY
PEOPLE ARE LISTENING...AND TAKING ACTION

National Maternal Mental Health Hotline
Congress is addressing infant formula shortage
Medical system is addressing maternal mortality
BRIEFING

OVERVIEW

CONGRESSIONAL LEADERS

EXPERTS IN THE FIELD

MOTHER WITH LIVED EXPERIENCE

Into the Light for Maternal Mental Health and Substance Use Disorder Act

Grants to states

National MMH Hotline

TRIUMPH for New Moms Act

National task force and strategy

Policies, Programs, Practices

Funding community-based programs

In the formula-response package
ASSISTANT SPEAKER OF THE U.S. HOUSE OF REPRESENTATIVES

KATHERINE CLARK (D-MA-05)
REPRESENTATIVE JAMIE HERRERA BEUTLER (R-WA-03)
MARIEL MENDEZ

MOM WITH LIVED EXPERIENCE

SEATTLE, WA
A MOTHER’S STORY.
AN EXPERIENCE FOR MANY.
“Providing Maternal Mental Health supports not only heals our Mothers of today, but it also heals our mother’s mother, and our future mothers”
ADDRESSING MATERNAL MENTAL HEALTH AT THE FEDERAL LEVEL

JOY BURKHARD, MBA

FOUNDER AND EXECUTIVE DIRECTOR

20/20 moms
Visionaries for the Future of Maternal Mental Health
WHO IS 2020 MOM?

Mission:
To close gaps maternal mental health care through policy and health care systems change.
CONVENE, REPORTS & TECHNICAL ASSISTANCE

A Significant Solution for Maternal Mental Health: Certified Peer Specialists

Nearly 5 in 10 women struggle with mental health disorders such as anxiety and depression, yet most go untreated. Though research on maternal mental health has garnered increased attention in recent years, reports such as the one by the American Psychiatric Association (2017) show that 12-21% of women experience gestational depression or postpartum depression. The Centers for Disease Control and Prevention's (CDCP) WISEWOMEN study found that 32% of women report experiencing mental health conditions in the year after childbirth. This highlights the importance of ensuring that maternal mental health is addressed at all levels of care.

In response to this problem, a growing need for proper care and support for women suffering from mental health disorders has been identified. The WISEWOMEN study found that many women did not receive the necessary care and support they needed, and that proper implementation of screening and diagnosis is crucial.

One significant solution is the implementation of Certified Peer Specialists. These individuals have undergone rigorous training and are able to provide emotional support and guidance to other women who are experiencing similar challenges.

Services Administration (SAMHSA) supports the National Conference of State Legislatures (NCSL) in crafting policies that support the well-being of women during pregnancy and the postpartum period. This includes identifying barriers to mental health care and implementing strategies to overcome them.

For more information, please visit the WISEWOMEN study's website or contact your local health department for more information on available services.

Universal Screening for Mental Health

Universal screening for mental health disorders, including major depressive disorder, has been shown to be effective in improving outcomes for individuals with mental health conditions. The American Psychological Association (2019) recommends universal screening for mental health disorders as a way to identify and provide appropriate treatment for those in need.

In addition, the implementation of mental health screening programs in schools and healthcare settings has been shown to be beneficial. The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends that universal screening be implemented in all settings where there is a high likelihood of exposure to mental health disorders, such as schools and healthcare facilities.

Conclusion

It is crucial that mental health disorders are identified and treated as early as possible to prevent long-term negative effects on individuals and society. Universal screening and the implementation of Certified Peer Specialists are important steps in addressing the mental health needs of women and ensuring that they receive the care they need.

For more information, please visit the SAMHSA website or contact your local mental health provider for more information on available services.
WHAT ARE MMH DISORDERS?
IT'S NOT JUST POSTPARTUM DEPRESSION

ONSET AND RANGE OF MMH DISORDERS

While the phrase “postpartum depression” is sometimes used to describe any MMH disorder, it’s important to note that there is a range of separate and distinct disorders, including anxiety disorders. With reported rates as high as 20 percent, perinatal anxiety is nearly as prevalent as depression. In fact, anxiety is often a precursor to depression and these disorders frequently co-occur. Maternal mental health disorders encompass a range of mental health conditions with varying severity and prevalence, including depression, anxiety disorders, and postpartum psychosis, as noted in Figure 2. Illnesses can occur for the first time during the perinatal period, or they can exist even before conception, continuing or worsening during the perinatal period. Women who have had prior episodes of depression or anxiety are especially vulnerable at any time during the perinatal period.

MATERNAL MENTAL HEALTH: AN OVERVIEW

Depression is one of the most common mental health disorders, affecting more than 16 million American adults each year, and it is the leading cause of disability worldwide. According to the World Health Organization, women experience higher rates of depression than men. Depression that occurs during pregnancy or within one year following childbirth is commonly referred to as perinatal or maternal depression. Maternal depression is the most common obstetric complication in the United States, affecting up to 20 percent of women (see Figure 1).
**DID YOU KNOW?**

- In May 2022, it was almost impossible to get baby formula in these five metro areas:
  - Houston
  - Salt Lake City
  - San Francisco
  - Sacramento
  - Phoenix

Source: Datasmoby

- Postpartum Depression Patient Analytics
  Metro Areas with largest populations of at-risk women for Postpartum Depression:
  - Houston
  - Phoenix
  - Memphis
  - Dallas
  - Las Vegas

Source: Sage Therapeutics
COMPLEX PROBLEM REQUIRING MULTI-PLAYER APPROACH
FOUR P’S

Prevention
• Comprehensive social services like paid family leave, childcare, addressing social determinants of health including food security, health care coverage & community-based supports.

Payment & Payors
• The separate payment system for mental health care, both for privately insured and publicly insured patients, called “carve-outs” complicate access.

Providers
• Education, shortages, capacity including care coordination & expert consultation, incentives and reimbursement (for screening/treatment plan development & BH treatment).

Performance Measurement
• In a fragmented health system, a framework for quality measurement that helps implement the standard of care and hold payors accountable is a must.
States Take Action
From Awareness Declarations to Task Forces

<table>
<thead>
<tr>
<th>AZ, CA, FL, IL, PA, UT</th>
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<tr>
<td>Substantive Legislation</td>
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<th>MA, MD, CA</th>
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<td>Ran state commissions</td>
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<tr>
<th>CO, ME, MN, NJ, NY, OR, TX, VA, WA, WV</th>
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<tr>
<td>Has addressed MMH screening/awareness in the past</td>
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<th>IL, TX</th>
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<td>Infanticide law: passed in IL, attempted in TX</td>
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<tr>
<th>NY City, PR</th>
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<tr>
<td>Jurisdiction/territory that has addressed screening/awareness MMH</td>
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<tr>
<th>CA, IL, MI, MN, TX, UT, VA</th>
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<tr>
<td>State declarations of May as Maternal Mental Health Month</td>
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<th>AZ, CO, OH, PR, UT</th>
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<td>Nonprofit State Policy Fellows</td>
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<th>CA, CO, FL, LA, MT, PA, WI, WY</th>
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<tr>
<td>Public Health Fellows</td>
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*Reimbursement to pediatricians for children w/ Medicaid or CHIP
CASE STUDY:
CALIFORNIA MATERNAL MENTAL HEALTH TASK FORCE

Formed at the Urging of the Legislature
- Assembly Concurrent Resolution called for the public-private, multi-player task force, calling for a report to the legislature and public

Studied the Research & Landscape
- Meetings ran for 18 months and included review of research, data, programs and speakers. Broke into workgroups to identify solutions tied to specific barriers.

Identified Multi-Faceted Barriers & Opportunities
1. All Women/Families need More MMH Education & Support
2. Providers need More Capacity & Support
3. Fragmented Healthcare / Mental Health System
4. Need for Measurement of MMH (Process + Outcomes)

Issued Recommendations to Cross-Sector Players
- Payors, Hospitals, Community Based Orgs, Federal Agencies, State Agencies
## WHAT HAS THE FEDERAL GOVERNMENT DONE?
### 2020 HHS & SURGEON GENERAL REPORT TO CUT MATERNAL MORTALITY IN HALF BY 2025

<table>
<thead>
<tr>
<th>Action 3.1.1</th>
<th>Action 3.1.2</th>
<th>Action 3.1.3</th>
<th>Action 3.1.4</th>
<th>Action 3.1.5</th>
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<tr>
<td>• Extend Medicaid coverage for postpartum women with SUD from 60 days to 365 days after birth</td>
<td>• Launch non-hospital Alliance for Innovation on Maternal Health (AIM) maternal safety bundle (aka guidelines) for Postpartum care</td>
<td>• Scale practice improvements in outcomes related to maternal depression and intimate partner violence to additional home visiting programs</td>
<td>• Launch [of] the Agency for Healthcare Research and Quality’s (AHRQ’s) Cross-Sectional Innovation to Improve Rural Postpartum Mental Health Challenge</td>
<td>• Encourage moms across the nation to report postpartum depression symptoms to a health care provider</td>
</tr>
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**HHS Objective 3.1** Improve the quality of and access to postpartum care, especially mental health and substance use services.
WHAT ABOUT INSURANCE/MEDICAID COVERAGE?

Health Care Coverage is Foundational

Just like the fire department would support a woman if her house was on fire, so should a doctor if her mind is on fire.

States Can Now More Easily Extend Pregnancy Medicaid

To 12 months postpartum w/ a Federal Match

Coverage Doesn’t Mean the Health System will Work

- USPSTF recommendation to screen did not = implementation

We are dependent on the practices our individual providers put in place and the knowledge they’ve sought.
FEDERAL COORDINATION & STRATEGIC PLAN TO STATES
ADDRESSING MATERNAL MENTAL HEALTH AT THE STATE & PROVIDER LEVEL

MARY KIMMEL, MD

MEDICAL DIRECTOR
NC MATERNAL MENTAL HEALTH MATTERS

NC MATTERS
NC MATTERS PROGRAM

Collaboration between the North Carolina Department of Health and Human Services, Duke's Department of Psychiatry & Behavioral Sciences and UNC Center for Women's Mood Disorders.

Authorized and Funded by the 21st Century Cures Act, this program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Part of an award of ~$3.25M with no non-federal match.

The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. NC Department of Health and Human Services. Division of Public Health. https://publichealth.nc.gov/ NCDHHS is an equal opportunity employer and provider. September 2020
NC MATTERS Team:

- Mary Kimmel, MD
- Gary Maslow, MD, MPH
- Karen Burns, LCSWA
- Margo Nathan, MD
- Chelsea Swanson, MPH
- Anne Ruminjo, MD, MPH
- Bernadette Vereen, LCSWA
- Andrea Diaz Stransky, MD
- Marla Wald, MD
- Susan Myers, PMHNP-BC
- Karen Saxer, CNM
- Naomi Davis, PhD
- Paulina Ruiz, BS
- Carolina Alford, LCSW
- Alexis French, PhD
- Jamie Smolko, MPH, PMHNP-BC
"I am so worried about germs. All I can think about is getting sick in my pregnancy and ending up on a respirator. I will not let any family visit. When my husband comes home from work. I make him take off his clothes, immediately put them in the washer and take a shower. Some nights I am up past midnight cleaning the kitchen counters and floor and scrubbing the sink the bathroom. The baby isn't even here yet and I think about different plans to get formula."
MENTAL HEALTH PROVIDER SHORTAGE AND GAPS IN CARE

- Most OB and pediatric practices do not have co-located or integrated behavioral health care. NC MATTERS is the collaborative care for those groups and counties.

- Many community mental health providers are not comfortable treating pregnant or lactating patients.

- Patients want to receive care from providers they know and trust—difficulty with navigating the system of mental health outside their medical home.

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**Psychiatrist Full-Time Equivalents per 10,000 Population, North Carolina, 2017**

- **Psychiatry FTEs per 10,000 Population**
  - ≥ 8.49 (2)
  - 2.31 to 8.49 (7)
  - 1.20 to 2.31 (9)
  - 0.41 to 1.20 (44)
  - < 0.41 (28)
  - No Psychiatrists (10)

Notes: Data includes active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents in training and are not employed by the federal government. Physician data are derived from the North Carolina Medical Board. Population estimate data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC UMC and are based on US Census data. Physicians with a primary area of practice of Psychiatry include the following: Child & Adolescent Psychiatry, Pediatrics - Psychiatry, Addiction Medicine, Addiction Psychiatry, Forensic Psychiatry, Geriatric Psychiatry, Hypnosis, Internal Medicine - Psychiatry, Psychiatry, Psychiatry - Family Practice, Psychosomatic Medicine. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.
NC MATTERS: PRIMARY COMPONENTS

- **Education**
  - Training for providers and staff
  - Screening and treatment algorithms

- **Consultation**
  - Real-time psychiatric consultation for health care professionals

- **Telepsychiatry**
  - One-time psychiatric assessments for perinatal patients at no cost

- **Resource & Referral**
  - Linkages with community-based mental health resources
<table>
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<tr>
<th>Courses for Continuing Medical education (CME) through various regional Area Health Education Centers (AHECs)</th>
<th>Joint newsletter with NC-PAL NC psychiatric access line)</th>
<th>Attachment Network of NC</th>
<th>Psychiatry resident learning collaborative with Eastern Carolina University</th>
</tr>
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<tr>
<td>Trainings and presentations by request</td>
<td>Collaboration with the Perinatal Quality Collaborative of NC &amp; CIUDi initiative</td>
<td>Participation in Maternal Health Task Force and Perinatal Health Equity Collective</td>
<td>Participation in Lifeline4Moms perinatal psychiatric access network</td>
</tr>
</tbody>
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NC MATTERS: SUPPORT OF MULTIPLE DIFFERENT PROVIDER TYPES & ACROSS PERINATAL MENTAL HEALTH WELLNESS
ACCOMPLISHMENTS SO FAR

- 1,025 calls to the consult line
- Patients from 55+ NC counties served
- 827 enrolled providers
- 1,900+ health care professionals trained
CONSULTATION REQUESTS ARE INCREASING
CONSULTATION REQUESTS BY PROFESSIONALS OUTSIDE OF OBGYN ARE INCREASING

Year 1
- OB Providers: 82%
- Other Specialties: 18%

Year 2
- OB Providers: 75%
- Other Specialties: 25%
CONSULTATION REQUESTS BY PSYCHIATRY PROVIDERS ARE INCREASING

Year 1
- 96% Other Callers
- 4% Psychiatry Providers

Year 2
- 88% Other Callers
- 12% Psychiatry Providers
ELEMENTS NEEDED TO IMPROVE OUR WORK

- Expanded Behavioral Health Consultant (BHC) coverage to reach health care professionals and patients in our more rural communities.

- Funding for peer support specialists to better serve pregnant and postpartum women.

- Increased provider training and consultation related to dyadic care (treating parent AND baby together).

- Creation of family mental health community hubs.

- Funding research for new mental health tools that increase access to care (phone apps, coaching, brief interventions).
Healthy Mom is Critical to Healthy Baby (and because she deserves to be Healthy).
NC Maternal Mental Health MATTERS

We help health care providers support the behavioral health needs of their pregnant and postpartum patients. Have a question? Call our consult line!

(919) 681-2909
ext. 2

Please have on hand:

- Patient Name
- Patient DOB
- Patient Zip Code
- Patient Insurance

ncmatters.org
ADDRESSING MATERNAL MENTAL HEALTH AT THE NATIONAL TO LOCAL LEVEL

KAY MATTHEWS

CERTIFIED HEALTH CARE WORKER

FOUNDER AND EXECUTIVE DIRECTOR

SHADES OF BLUE PROJECT
We are dedicated to helping women of color before, during and after child-birth with community resources, mental health advocacy, treatment and support.

**Mission:** Our mission is to change the way women of color are currently being diagnosed and treated after giving birth and experiencing any adverse maternal mental health outcome.
SOCIAL SERVICES WE PROVIDE

Maternal mental health support groups

Mental health counseling services

Necessities:
• Diapers and wipes
• Formula
• Household items
• Support for the entire family

Free clinical health screenings

Job training and placement assistance
African Americans have the highest mortality rate of any racial or ethnic group in the United States, and higher rates of preterm births explain more than half of the difference.

- National Vital Statistics Data 2017
TOP BARRIERS DURING THE POSTPARTUM PERIOD

WHAT WE HEAR FROM MOMS

“I’m busy taking care of my baby”

“My mental health is not that important"

“I can’t afford to take work”

“Last time I asked for help I thought they would take my baby away from me”

“My doctor doesn't listen to me"

“It’s time to put my baby’s care first, not mine”
WHAT ARE SOME SOLUTIONS?
# MODELS OF CARE THAT WORK

<table>
<thead>
<tr>
<th>1-1 Models</th>
<th>Group Models</th>
<th>Community-level Models</th>
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<tbody>
<tr>
<td>• Peer-to-Peer Support</td>
<td>• Peer Support-Led Group</td>
<td>• Community Health Worker Programs</td>
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<tr>
<td>• Shared Decision Making</td>
<td>• Structured “Traditional” Group Support</td>
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OUR COLLECTIVE EFFORTS IN ACTION

The INSPIRE Method created for the community with community involvement
Traditional approaches to addressing PPD among women of color have proven to be lacking, given the disparities.

INSPIRE METHOD presents a non-traditional approach to combating and reducing PPD, especially in women of color.
INSPIRE METHOD

Involve others
Nourishment and exercise
Spirituality and prayer
Patience
Identify and initiate change
Rest and relaxation
Each day is a new day to start again
HOW HAVE WE BEEN SUCCESSFUL USING THIS METHOD?
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Workforce Development as Moms Participating</td>
<td>become Support Group Leaders</td>
</tr>
<tr>
<td>Training Community Leaders</td>
<td>(Nonprofit Orgs, Community Members, Church Leaders)</td>
</tr>
<tr>
<td>Training of Healthcare Professionals</td>
<td>(doctors, nurses, receptionist, community health workers)</td>
</tr>
<tr>
<td>Training Local, State, National Program Employees</td>
<td>(Healthy Start, Healthy Women Houston)</td>
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<tr>
<td>Creation of Black Maternal Mental Health Summit</td>
<td>July 20-22, 2022</td>
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<tr>
<td>Creation of Black Maternal Mental Health Week</td>
<td>July 19-25</td>
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**INSPIRE METHOD BUILDS COLLECTIVE COMMUNITY TRAINING & AWARENESS**
WHAT HAS BEEN OUR BIGGEST LESSON LEARNED?

Key take away that we can share:

“We must be inclusive of all birth stories no matter the outcome.” - Kay Matthews
3 Key Components to Successful Implementation

- Acknowledgement
- Respect
- Support

Leading with Compassion in every interaction

“We must be inclusive of all birth stories no matter the outcome.” Kay Matthews
The community is the missing link. It is imperative that when decisions are being made that someone from the community is involved in the conversation.
THIS IS US!!
CALL TO ACTION

CONTACT YOUR ELECTED OFFICIALS and ENCOURAGE THEM TO SUPPORT

Into The Light For Maternal Mental Health and Substance Use Disorder Act of 2022 & TRIUMPH for New Moms Act & Infant Formula: Include Community-Based MMH Organizations and Services in the formula response to address the mental health effect of the crisis

https://www.marchofdimes.org/mental-health.aspx#take-action
LOGISTICS

PRESENTATIONS AND RECORDING

WILL BE SENT FOLLOWING THE BRIEFING

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