

Maternal Mental Health & Youth Mental Health Intersections

Pillar 1: Prevention and Resilience building

In 2020, over half of women of reproductive age in the U.S. reported a mental health need, yet 20% of women were not screened for depression during prenatal visits and over half of pregnant women with depression did not receive treatment.¹ With 1 in 5 maternal postpartum deaths attributed to suicide, and depression and substance use disorder among the most significant risk factors for maternal suicide, prevention remains an essential focus in maternal health.²

Policy Goals

- Adopting the Zero Suicide framework throughout school and health care delivery systems, the latter of which can benefit parents, families, and caregivers in addition to children and youth.
- Incentivize yearly screenings for anxiety, depression and suicide in school, primary care, and obstetric settings.

Governor's Checklist

- Incentivize screenings for children, youth and their parents in pediatric settings, primary care, and obstetric settings for people in the perinatal period.
- Guarantee insurance coverage for an annual, pre-deductible wellness checks, including a review of medical history, evaluation of adverse childhood experiences and use of a validated mental health screening tool.
- Convene relevant system stakeholders to implement a statewide strategic plan for suicide prevention based on the Zero Suicide model.

Pillar 2: Increasing Awareness and Reducing Stigma

Maternal mental health conditions are the leading cause of pregnancy-related deaths in the U.S. and are linked to negative health outcomes for children.³ Despite the prevalence of maternal mental illness, women point to stigma as one of the greatest barriers to treatment.⁴

Policy Goals

- Greater coordination between schools and crisis/intensive mental health.
- Public education about 988, the National Maternal Mental Health Hotline, and crisis services.

¹ Gunja et al., "Health and Health Care for Women of Reproductive Age"; CDC, "Infographic."

² Lindahl, Pearson, and Colpe, "Prevalence of Suicidality during Pregnancy and the Postpartum"; Mangla et al., "Maternal Self-Harm Deaths."

³ Trost et al., "Pregnancy-Related Deaths"; Muzik and Morgan, "Perinatal Depression."

⁴ Goodman, "Women's Attitudes, Preferences, and Perceived Barriers to Treatment for Perinatal Depression."

Governor's Checklist

- Create workforce pipelines that incentivize recruitment and retention of diverse mental health professionals.
- Maximize mental health professionals' ability to work to their license and increase inter-state licensing flexibility and agreements.
- Create regional task forces to address workforce incentives and collaboration with community providers.

Pillar 3: Access and Affordability of Quality Treatment and Care

Increased use of healthcare during pregnancy provides a crucial opportunity to prevent and treat mental illness among mothers. Following expansion of Medicaid coverage in 2020, Texas mothers utilized three times as many substance use and behavioral health services, showcasing the gaps in treatment when postnatal care is not covered.⁵

Policy Goals

- Ensure commercial reimbursement for medically necessary mental health services through strong coverage requirements and effective regulations.
 - Improving commercial insurance coverage through requirements for plans to use generally accepted standards of care and nonprofit clinical association-developed levels of care
- Foster family wellness by expanding workplace mental health coverage and partnering with platforms providing virtual mental health care to youth and families.
- Expanding access to continuity of quality coverage through continuous enrollment, waivers, and extended Medicaid coverage.
 - Exploring innovations in access through free mental health visits and telehealth integration
- Build investment in innovative, evidence-based comprehensive treatment modalities based on whole-person care.
 - Co-occurring mental health and substance use treatment ~~for youth~~
 - Coordinated specialty care for first episode psychosis and other evidence-based wraparound models
 - Specialized treatment options
 - Evidence-based-home-visiting programs

Governor's Checklist

⁵ Wang et al., "Extending Postpartum Medicaid Beyond 60 Days Improves Care Access and Uncovers Unmet Needs in a Texas Medicaid Health Maintenance Organization."

Maximizing Reimbursement: Commercial Coverage

- Ensure health plans cover needed maternal mental health services by making coverage determinations consistent with accepted clinical standards, rather than treating only current symptoms or forcing families to turn to taxpayer-funded public programs.
 - Require health plans to cover out-of-network services if families cannot access in network services on a timely basis.
 - Institute standard parity compliance and data reporting at state regulatory agencies.
 - Institute requirements that regulators consider subspecialties such as perinatal and youth mental health providers when evaluating insurer network adequacy.
- Integrating mental health and substance use care into primary care.
 - Examining provider rates to support integration of care.
 - Reviewing contract requirements in Medicaid.

Pillar 4: Caregiver and Educator Training and Support

Over 80% of program directors in obstetrics and gynecology education believe that their resident providers are not adequately trained in the psychiatric needs of their patients.⁶ Action must be taken to ensure that providers are prepared to address maternal mental health.

Policy Goals

- Growing the future mental health workforce.
- Supporting parents by expanding workplace mental health coverage.
- Partnering with platforms providing virtual mental health care to youth and families.
- System navigation and resources for caregivers
- In-home intensive mental health services for families and children

Governor's Checklist

- Grow the mental health workforce pipeline by implementing licensing changes to target key shortages, introducing new school and community mental health professional pipeline programs and programs.
- Maximize mental health professionals' ability to work to their license and increase inter-state licensing flexibility and agreements.
- workforce incentives and collaboration with community providers.
- Expand state-sanctioned consult lines to support primary care providers with mental health screening, treatment plan development and prescribing.

⁶ Garbarino et al., "Current Trends in Psychiatry Education Among Obstetrics & Gynecology Residency Programs."

Additional Policies for Sustaining Momentum

Policy Goals

- Ensuring long term success and progress of state policy objectives through long term partnerships, centers for training and innovation, and data reporting.
 - Improved tracking of maternal mental health conditions.
- Building state regulator's capacity to track parity violations for youth mental health and addiction services.

Governor's Checklist

- Facilitate partnerships with universities, research institutions, and hospitals.
- Leverage technology platforms to evaluate outcomes.