

February 08, 2024

**Board of Trustees  
2023-2024**

Petros Levounis, M.D., M.A.  
*President*

Ramaswamy Viswanathan, M.D.,  
Dr.Med.Sc.  
*President-Elect*

Gabrielle L. Shapiro, M.D.  
*Secretary*

Richard F. Summers, M.D.  
*Treasurer*

Rebecca W. Brendel, M.D., J.D.  
Vivian B. Pender, M.D.  
Jeffrey Geller, M.D., M.P.H.  
*Past Presidents*

Eric M. Plakun, M.D.  
Kenneth B. Ashley, M.D.  
Geetha Jayaram, M.B.B.S., M.B.A.  
Cheryl D. Wills, M.D.  
Heather Hauck, M.D.  
Barbara Yates Weissman, M.D.  
Mary Hasbah Roessel, M.D.  
Elie G. Aoun, M.D., M.R.O.  
Kamalika Roy, M.D., M.C.R.  
Michele Reid, M.D.  
German Velez, M.D.  
Sarah El Halabi, M.D., M.S.  
*Trustees*

**Assembly  
2023-2024**

Vasilis K. Pozios, M.D.  
*Speaker*

Steven M. Starks, M.D., M.B.A.  
*Speaker-Elect*

A. Evan Eyler, M.D., M.P.H.  
*Recorder*

**Administration**

Saul Levin, M.D., M.P.A.  
*CEO and Medical Director*

Substance Abuse and Mental Health Services Administration  
Office on Women's Health, Office of the Assistant Secretary for Health  
Substance Abuse and Mental Health Services Administration  
Assistant Secretary Miriam Delphine-Rittmon  
5600 Fishers Lane, Suite 18E01  
Rockville, MD 20857

**Re: Solicitation for Public Comments on Questions from the Task Force on Maternal  
Mental Health**

Dear Assistant Secretary Delphine-Rittmon:

The American Psychiatric Association (APA), the national medical society representing over 38,000 psychiatric physicians and their patients, appreciates the opportunity to provide information to SAMHSA's Task Force on Maternal Mental Health concerning prevention and treatment of maternal mental health conditions and substance use disorders. APA shares SAMHSA's and the Task Force's commitment to improve activities related to addressing maternal mental health conditions and co-occurring substance use disorders.

An estimated 500,000 pregnant individuals in the United States will experience a mental health disorder either prior to or during pregnancy and 75% will go untreated.<sup>1</sup> Individuals in the postpartum period are at elevated risk for postpartum mental health and substance use disorders, which is associated with numerous adverse effects on both the birthing person and baby, including poor healthcare utilization, reduced breastfeeding, poor mother-infant interactions and increased psychopathology in children.<sup>2</sup> Within the postpartum period, the peak incidence of maternal self-harm related death is between nine and twelve months postpartum. Postpartum psychiatric illness is also associated with maternal suicide, accidental overdose, and infanticide. For the first time in 2021, the leading cause of pregnancy-related death in the United States was underlying mental health conditions.<sup>3</sup>

<sup>1</sup> Fawcett, E. J., et al. (2019). "The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period: A Multivariate Bayesian Meta-Analysis." *J Clin Psychiatry* 80(4).

<sup>2</sup> American Psychiatric Association, Position Statement on Medicaid Coverage for Maternal Postpartum Care. 2020, <https://www.psychiatry.org/getattachment/490aa3ec-1ff4-43b1-ac9a-f516d2a708b2/Position-Medicaid-Coverage-Postpartum.pdf>

<sup>3</sup> Centers for Disease Control and Prevention. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019 | CDC <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html?source=email>

Equitable care for pregnant and post-partum individuals and their children must be a priority of the Administration in order to curb the devastating systemic impacts plaguing families across the country.

Below, APA provides responses to questions for the Task Force on Maternal Mental Health.

## **I. Data, Research and Quality Improvement**

### *1. What are the priority outcomes for pregnant and postpartum individuals with substance use disorder and/or mental health conditions?*

Increasing health costs and potential debilitating conditions resulting from mental health and substance use disorder in pregnant and postpartum people require a change to access and coverage of treatment in clinical and community settings. Systematic changes to create impactful outcomes include the collaboration of physicians to provide a trauma-informed environment with access to medication, therapy, and close follow-up, improving quality of life for both the birthing individual and child. This includes outreach into the community to reduce the stigma of accessing care through building community and peer support, and community-based services such as food, housing, education, and healthcare.

The Center for Medicare and Medicaid Innovation's Transforming Maternal Health Model's goal includes reducing disparities in access and treatment. The Model is focused on three pillars including: (1) building the infrastructure and workforce to lower the rates of postpartum anxiety and depression, (2) making childbirth safer through quality initiatives, and (3) customizing care to support the need for health-related social needs, mental health or substance use. The three pillars are the ultimate goal of care: preventing and treating the needs of pregnant and post-partum individuals and making ultimately safer birthing systems of care that meet the needs of all individuals and their families.

## **II. Prevention, Screening, and Diagnosis**

### *1. What is lacking and what is working to support maternal emotional health, and substance use and wellbeing during pregnancy and after?*

APA supports increased screening during pregnancy and postpartum by obstetricians and appropriate collaboration of care when indicated. Moreover, pregnant and post-partum people must be connected to safe treatment places. An example of a safe treatment center is the Salvation Army in Honolulu, which has residential treatment for pregnant people with addiction, where moms can keep children with them and an outpatient facility where pregnant persons can get support and supportive services including prenatal care. Moreover, a small program on Maui provides transportation, food, and childcare, while offering services such as smoking cessation. In each of these instances, safe environments were created to reduce stigma while meeting individuals with complex needs. Guidance to states from the federal agencies with model policies and procedures to create inclusive care environments can support maternal mental health, substance use, and wellbeing during pregnancy and after.

2. *What steps should be taken to ensure that approaches to detecting maternal emotional health issues and substance use challenges are culturally appropriate?*

The maternal mortality rate is more than twice as high for Black women than non-Hispanic White women<sup>4</sup>. The risk of maternal mortality is ten times higher in the US than in comparable wealthy countries and democratic nations, and more than twenty times higher for Black and Native people. Moreover, data continues to show that individuals from marginalized groups continue to feel mistrustful of law enforcement and healthcare providers and therefore may avoid these systems entirely or choose to not disclose important information.<sup>5</sup> Reducing stigma within a community through continued research (e.g. surveys or focused conversations) and employing those with lived experience that represent the communities in which they live, will support culturally appropriate approaches to care.

3. *What can be done to help pregnant and postpartum individuals feel more comfortable to open up about how they are feeling? Who, where, and how might pregnant and postpartum individuals feel safest about disclosing their experience?*

Pregnant and postpartum individuals should have a trusted care team in place, especially for those who have screened positive for Generalized Anxiety Disorder 7-Item (GAD-7) or the Edinburgh Perinatal/Postnatal Depression Scale (EPDS). This could include social workers or other peer support involved in regular obstetric visits when consented to. Peer support is an essential component of recovery-oriented systems of care. It offers advantages in outreach and engagement, provision of hope, coaching and modeling, recovery skill building and system navigation.<sup>6</sup> It is APA's position that peer support services are valuable and should be developed and implemented in recovery-oriented services within systems of care.<sup>7</sup> The trusted care team is essential for individuals to share medical or social information that can improve treatment. APA, through the Perinatal Mental Health Toolkit, shares resources for both patients and practitioners related to mental health, substance use and pregnancy or postpartum.<sup>8</sup>

### **III. Evidence-based Interventions and Treatment**

1. *What are key evidence-based intervention and treatment models that should be broadly implemented to address maternal mental health and substance use?*

---

<sup>4</sup> Centers for Disease Control, Maternal Mortality Rates in the United States, 2021, <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>

<sup>5</sup> American Psychiatric Association, 2023 <https://www.psychiatry.org/getmedia/344c26e2-cdf5-47df-a5d7-a2d444fc1923/APA-CDC-Perinatal-Mental-and-Substance-Use-Disorders-Whitepaper.pdf>

<sup>6</sup> American Psychiatric Association position statement on Peer Support Services, 2023, <https://www.psychiatry.org/getattachment/813136ba-a905-4342-bebc-90d8b9c080bf/Position-Peer-Support-Services.pdf>

<sup>7</sup> *Ibid.*

<sup>8</sup> American Psychiatric Association, Perinatal Mental Health Toolkit, [https://www.psychiatry.org/psychiatrists/practice/professional-interests/women-s-mental-health/maternal-mental-health-toolkit#section\\_7](https://www.psychiatry.org/psychiatrists/practice/professional-interests/women-s-mental-health/maternal-mental-health-toolkit#section_7)

The incidence of mental health and substance use disorders in perinatal and postpartum individuals is extremely high, but this special population tends to go untreated. Detection through validated screening tools and both pharmacological and non-pharmacological treatment options must be made available. The U.S. Preventative Services Task Force recommends screening pregnant and postpartum individuals for anxiety disorders as well as perinatal individuals for substance use with validated instruments.<sup>9</sup>

The Massachusetts Child Psychiatry Access Program (MCPAP for Moms) is another successful program that can continued to be scaled to provide real-time children’s behavioral health consultations designed to help primary care providers promote and manage the behavioral health of their pediatric populations.<sup>10</sup> Through integrated behavioral and physical health, MCPAP improves the pediatric primary care teams competencies and comfort with screening, identification and assessment; treating mild to moderate cases of behavioral health disorders; and making effective referrals and coordinating care for patients who need community-based specialty behavioral health services.<sup>11</sup>

As mentioned above, the recently introduced Center for Medicare and Medicaid Innovation’s, Transforming Maternal Health Model (TMaH), focusing on improving whole-person health during pregnancy, childbirth, and postpartum, should continuously be evaluated to provide evidenced based interventions that can be scaled to different communities. This model can build on research that has shown the effectiveness of counseling, building community supports and cognitive behavioral therapy.

- i. Do providers have the training and resources to appropriately provide evidenced-based intervention and treatment or referral?

Throughout the healthcare continuum, there is low provider comfort in addressing perinatal mental health and substance use disorders due to the lack of specialized training and resources to address the underlying variables. Research has shown that less than half of the obstetrician-gynecologist, family medicine physicians, and social workers who practice in community clinics thought academic medical centers were somewhat comfortable with managing perinatal mood and anxiety disorders.<sup>12</sup> A lack in training across all disciplines will impact not only patients but create a strain on the limited mental health providers that support these clinics.

Moreover, like other subspecialities in mental health, there continues to be a shortage of reproductive psychiatrists and therefore places for pregnant and post-partum people to access care for complex cases. Specific training should focus on polysubstance overdose, including medications for treatment. Studies have shown that healthcare providers lack comfort and experience in pharmacotherapy for

---

<sup>9</sup> <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/anxiety-adults-screening#tab>

<sup>10</sup> Massachusetts Child Psychiatry Access Program. <https://www.mcpap.com/About/OverviewVisionHistory.aspx>

<sup>11</sup> *Ibid.*

<sup>12</sup> American Psychiatric Association, Perinatal and Substance Use Disorders, 2023

<https://www.psychiatry.org/getmedia/344c26e2-cdf5-47df-a5d7-a2d444fc1923/APA-CDC-Perinatal-Mental-and-Substance-Use-Disorders-Whitepaper.pdf>

perinatal patients as well.<sup>13,14</sup> The lack of training and comfort in treating pregnant and postpartum individuals with mental health and substance use disorders highlights the need to immediate availability to consultation services. Policies and resources must be in place to support the individuals and providers treating this special population. Training programs for all specialties that may encounter this special population must be funded and supported to include foundational training to support pregnant and postpartum individuals with mental health and substance use disorders.

- 2. What are the barriers/gaps to evidence-based intervention for maternal mental health and substance use among reproductive age individuals? How do access and engagement differ between people who have already received mental health and/or substance use treatment prior to pregnancy versus those who never have?*

Barriers exist on the clinical and the social needs of individuals. APA recommends more research on the late-post-partum period and factors that are associated with the high-risk for mental health and substance use disorders during this critical period. Along with the research, there should be recommendations on how to structure clinical and community programs to meet the needs of this special population. Moreover, there is a need for more standardization and communication for analgesia for peri-partum individuals on Medications for Opioid Use Disorder. Due to the lack of training for mental health and substance use disorders by reproductive practitioners, increased guidance is necessary to meet individuals when they enter the healthcare system.

Additional barriers related to the social needs of individuals include barriers to transportation and access to childcare in order to receive treatment, which also includes appointment shortages in areas with few practitioners. Highlighting the ever-increasing need for coverage of telepsychiatry and other consultative mental health services. APA's recommends increased training and implementation of the collaborative care model (CoCM) in settings that support pregnant and postpartum individuals. With small adaptations for the perinatal population<sup>15</sup>, CoCM can help reduce other more costly services associated with untreated mental illness and improve the patients satisfaction and quality of life.<sup>16, 17</sup>

Trusted systems of care through CoCM can also help reduce stigma that prevents many from accessing treatment, due to the fear of legal repercussions. When the option is available, including the partners of individuals with mental health and substance use disorders to help build the support needed within a family and community.

---

<sup>13</sup> Eakley, R. and A. Lyndon (2022). "Antidepressant use During Pregnancy: Knowledge, Attitudes, and Decision-Making of Patients and Providers." *J Midwifery Womens Health* 67(3): 332-353.

<sup>14</sup> Noonan, M., et al. (2018). "Family physicians perceived role in perinatal mental health: an integrative review." *BMC Fam Pract* 19(1): 154.

<sup>15</sup> American Psychiatric Association, *Treating the Perinatal Population*, <https://www.psychiatry.org/getmedia/e2eafc40-965c-4a72-b206-50b458c35e16/APA-Treating-Perinatal-in-the-CoCM-Guide.pdf>

<sup>16</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3810022/>

<sup>17</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9803502/>

APA looks forward to collaborating with SAMHSA and the Task Force on Maternal Mental Health to enhance the evidenced-based strategies to increase the prevention and treatment of maternal mental health conditions and substance use disorders. If you have any questions or would like to discuss our comments further, please contact Brooke Trainum ([btrainum@psych.org](mailto:btrainum@psych.org)), Director, Practice Policy.

Sincerely,

A handwritten signature in blue ink that reads "Saul Levin" with "M.D., M.P.A." written in smaller letters to the right. There is a horizontal line underneath the name "Levin".

Saul M. Levin, M.D., M.P.A., FRCP-E, FRCPsych  
CEO and Medical Director  
American Psychiatric Association