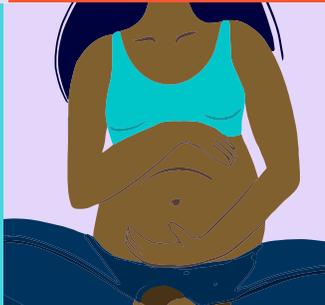
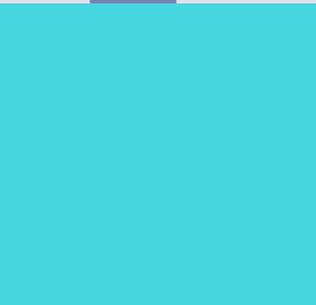




TASK FORCE ON MATERNAL MENTAL HEALTH

National Strategy to Improve Maternal Mental Health Care



Executive Summary

Maternal mental health conditions, substance use disorders (SUDs), and their co-occurrence have reached crisis levels in the United States and are among the most common complications of pregnancy. Suicide, drug overdose, and other incidents and conditions related to mental health and SUDs are the leading cause of pregnancy-related deaths. The lack of sufficient U.S. infrastructure (i.e., environment, policies, systems, and programs) and workforce capacity makes it challenging to support maternal mental health holistically. Although best practices have been developed to address some aspects of the problem, they have not been implemented uniformly. Because a national infrastructure and workforce capacity are lacking, our system does not deliver the right care at the right time to all who experience maternal mental health conditions and SUDs. The lack of a robust infrastructure is an important factor that shapes a national landscape in which these conditions often remain undetected and untreated. This results in negative consequences for individuals, their children, their families, and their communities and a high cost for our nation. Moreover, these conditions and associated negative outcomes disproportionately affect subgroups with challenging social determinants of health (e.g., economic difficulties, food and diaper insecurity, experiences of discrimination, a lack of stable housing, a lack of access to transportation, a lack of access to child care, and a lack of access to health care and insurance) and life situations (e.g., having these conditions prior to pregnancy and experiencing gender-based violence and other traumas).

Aligned with broader efforts to address women's overall health and maternal health across the nation, Congress directed the U.S. Department of Health and Human Services (HHS) either to form the Task Force on Maternal Mental Health or to incorporate specified duties, public meetings, and reports into existing relevant federal committees or workgroups ([Consolidated Appropriations Act, 2023 \[Public Law 117–328, Section 1113\]](#)). The Secretary of HHS determined that these duties, public meetings, and reports should be incorporated into [SAMHSA's Advisory Committee for Women's Services \(ACWS\)](#).

ACWS's Task Force on Maternal Mental Health is a panel of experts from multiple complementary disciplines—some of whom have lived experience—who represent federal and nonfederal organizations with a bearing on care for maternal mental health conditions and SUDs. **This national strategy features the ACWS's task force's recommendations for a whole-government approach to build the necessary infrastructure to improve care for maternal mental health conditions and SUDs.** The recommendations in this strategy represent the general consensus of the task force. Single recommendations may not have the full support of the more than 100 organizations represented by the members of the task force.

A companion report, *The Task Force on Maternal Mental Health's Report to Congress*, provides a detailed discussion of the U.S. maternal mental health crisis, the task force's methods, best practices, existing federal programs and coordination, and feedback from listening sessions with state and local stakeholders.

The vision set forth by this national strategy is one in which maternal mental health (also known as perinatal mental health) and substance use care is seamless and integrated across medical, community, and social systems. The vision includes models of care and support that are innovative and sensitive to individuals' experiences, culture, and community and does not distinguish between physical health care and mental health care. Building upon existing federal government efforts, the task force outlines a path to achieve the vision within a framework consisting of the following five pillars, each with supporting priorities and recommendations.

- 1. Build a national infrastructure that prioritizes perinatal mental health and well-being**, which entails establishing and enhancing federal policies that promote perinatal mental health and well-being—with a focus on reducing disparities—and federal policies that promote care models from multidisciplinary and interdisciplinary teams that integrate perinatal care and mental health and SUD care with holistic support for mother–infant dyads and their families.
- 2. Make care and services accessible, affordable, and equitable**, which will advance the implementation of culturally relevant and trauma-informed clinical screening, improve linkages to accessible early intervention and treatment, create accessible and integrated evidence-based services that are affordable and reimbursable, and build capacity by training, expanding, and diversifying the perinatal mental health workforce.
- 3. Use data and research to improve outcomes and accountability**, which encompasses the evidence-driven support of strategies and innovations that improve outcomes and build a foundation for accountability in prevention, screening, intervention, and treatment.
- 4. Promote prevention and engage, educate, and partner with communities**, which will involve promoting and funding prevention strategies, elevating education of the public about perinatal mental health and substance use, and engaging communities with outreach and communications.
- 5. Lift up lived experience**, which includes listening to the perspectives and voices of people with lived experience and prioritizing their recommendations (many of which overlap with those of the task force) as outlined in a specially prepared report by the U.S. Digital Service and summarized in this national strategy.

The five pillars of this national strategy highlight the cross-cutting imperatives of (1) increasing equity and access, (2) improving federal coordination, (3) elevating culturally relevant supports, and (4) using trauma-informed approaches to bolster maternal mental health and enhance care for perinatal mental health conditions and SUDs. The national strategy also spotlights evidence-based, evidence-informed, and promising practices (e.g., programs) with supporting resources and expertise that can be scaled up for widespread implementation. Throughout, the task force points out opportunities for the federal government to collaborate with diverse groups of partners to spearhead the implementation of the national strategy and lift up the voices of people with lived experience (highlighted in quotation marks). Finally, the task force notes that this national strategy is a living document that will be regularly updated. It focuses on ways that the federal government can lead efforts, but it also calls upon many types of partners (e.g., states, advocates, medical and professional societies, and individuals with lived experience) to help build the necessary infrastructure to support the mental health and well-being of the nation's mothers and their children, families, and communities.