U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

THE TASK FORCE ON MATERNAL MENTAL HEALTH'S REPORT TO CONGRESS

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SECTION 1: INTRODUCTION AND EXECUTIVE SUMMARY

INTRODUCTION

Incidents and conditions related to mental health and substance use disorders (SUDs) are the leading cause of pregnancy-related deaths in the United States, including suicides and drug overdoses (Trost, Beauregard, Chandra, Njie, Berry, et al., 2022). Saving the lives of pregnant and postpartum individuals with maternal mental health conditions and SUDs requires an analysis of current national circumstances and the subgroups most affected, evaluation of the nation's current efforts to address the problem, identification of best practices, and feedback from experts on how the federal government could coordinate programs to improve outcomes for pregnant and postpartum individuals. A directive from Congress (in the division of the Consolidated Appropriations Act, 2023 called the Health Extenders, Improving Access to Medicare, Medicaid, and CHIP, and Strengthening Public Health Act of 2022 [Public Law 117–328, Section 1113]) authorized the establishment of the Task Force on Maternal Mental Health under the U.S. Department of Health and Human Services (HHS). With this directive, Congress took a step toward addressing the urgent public health problem of untreated mental health conditions and SUDs among women and other people during the perinatal period—i.e., pregnancy or postpartum (up to 1 year after the end of pregnancy).

The purpose of the task force is to document barriers to care and support, to evaluate relevant federal programs, to identify best practices, and to make actionable suggestions to coordinate and improve infrastructure in federal activities for addressing maternal mental health conditions and SUDs. This report's companion publication, *The Task Force on Maternal Mental Health's National Strategy to Improve Maternal Mental Health Care*, outlines these recommendations, which focus on ways to improve the prevention, identification (screening and diagnosis), timely referral and intervention (both in the community and in the clinic), and access to care and other supports for maternal mental health conditions and SUDs. Cutting across these crucial activities, the task force integrated considerations for enhancing access and equity, approaches that are sensitive to patient/client life experiences and circumstances, culturally relevant services, and federal coordination. Both the report to Congress and the national strategy were developed with input from the public, including people with lived experience of maternal mental health conditions; states; and frontline professionals working in communities across the nation. Quotations characterizing the perspectives of those with lived experience enrich both documents, and the national strategy uplifts their voices to highlight the challenges and recommendations for improving maternal mental health.

The findings described in *The Task Force on Maternal Mental Health's Report to Congress* will help guide efforts to implement the national strategy. In response to the directive in the Consolidated Appropriations Act, 2023, this report to Congress has been prepared by two HHS agencies, the Office on Women's Health (OWH), which is within the Office of the Assistant Secretary for Health (OASH), and the Substance Abuse and Mental Health Services Administration (SAMHSA). These agencies implemented the task force as a subcommittee of the existing Advisory Committee for Women's Services (ACWS). Congress directed that the initial report to Congress be delivered within 1 year of the task force's first meeting, with the national strategy following a year later. However, due to the critical nature of this public health crisis, the report and national strategy were expedited.

The work of the Task Force on Maternal Mental Health continues through September 30, 2027, including annual updates to this report in the subcommittee's five areas of focus—(1) data, research, and quality improvement; (2) prevention, screening, and diagnosis; (3) evidence-based intervention and treatment; (4) evidence-based community practices; and (5) communications and community engagement—along with the cross-cutting issues mentioned above. After communications and outreach to support implementation of the national strategy, the task force will develop and disseminate a subsequent report to the governors of all states highlighting opportunities for state and local action and partnerships.

Executive Summary

The Task Force on Maternal Mental Health's Report to Congress presents the ACWS subcommittee's findings on maternal mental health conditions and SUDs in the United States, related federal programs, and best practices.

Section 2 (Background and Methods) describes current data on the prevalence of maternal mental health conditions and SUDs and pregnancy-related deaths linked to them, highlighting the subgroups most affected. This section also:

1. Summarizes the impact of maternal mental health conditions and SUDs on individuals, families, and society;
2. Underscores the links between maternal mental health and social determinants of health (SDOH);
3. Describes the effects of gender-based violence (GBV)—including intimate partner violence (IPV), domestic violence, stalking, and sexual violence—on maternal mental health and how GBV contributes to unmet treatment needs;
4. Notes the role punitive responses—such as judicial consequences for substance use during pregnancy—play in driving the high unmet need for treatment;
5. Discusses data challenges and the need for local, national, standardized, and integrated data collection; and
6. Describes research gaps resulting from the regular exclusion of pregnant and postpartum individuals from biomedical and biobehavioral research, from the lack of studies linking SDOH to maternal outcomes, and from other factors.

Section 3 (Best Practices) features a subset of best practices (i.e., specific activities and model programs) in the task force's areas of focus—highlighting ones that advance access, trauma-informed approaches, and culturally relevant services. This section covers best practices that are evidence-based, evidence-informed, and promising.

As federal agencies endeavor to incorporate and spur the implementation of best practices, some of these activities and models overlap with the programs discussed in **Section 4 (Existing Federal Programs and Coordination)**. This section details federal programs related to services, describes current coordination, and points to gaps and opportunities for improved collaborations among agencies. To understand the landscape of maternal mental health conditions and SUDs in states, U.S. territories, and local jurisdictions, HHS convened moderated listening sessions with key stakeholders—with the task force attending to take in the feedback.

Section 5 (Opportunities for State and Local Partnerships) describes the overarching themes of these listening sessions and opportunities for state and local partnerships.

Section 6 (Conclusion) presents a summary of the state of national policies and programs related to maternal mental health conditions and SUDs, along with best practices that might be leveraged during implementation of *The Task Force on Maternal Mental Health's National Strategy to Improve Maternal Mental Health Care*.

Input from the public submitted in response to a request for information, FR Doc. 2023-28890, and input from people with lived experience compiled in a report prepared by the U.S. Digital Service informed this report to Congress.

Key themes about maternal mental health conditions and SUDs emerged from task force discussions, listening sessions, public comments, and the lived experience report. Those key themes include:

- **SDOH and Policy**
  - SDOH affect maternal mental health and the ability to access support and care. SDOH include factors such as access to food, access to stable housing, access to transportation, access to affordable child care, access to health care coverage, and income.
  - Discrimination against minoritized populations (e.g., certain racial/ethnic groups, LGBTQI+ individuals, members of some religious groups, individuals with disabilities, individuals residing in rural areas, and individuals adversely affected by persistent poverty or inequality) functions as a profound SDOH.
  - Multiple policies similarly affect maternal mental health and the ability to access support and care, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Medicaid coverage; low reimbursement for services; and lack of paid family and medical leave.
  - SDOH and related policies intersect with equity.
- **Stigma**
  - Stigma surrounding mental health conditions and substance use disorders, idealized images of mothers, and a lack of awareness about maternal health challenges have negative effects on many individuals, families, and communities and can affect maternal mental health, SUDs, and treatment-seeking behaviors.
  - Mothers fear that reporting any substance use or mental health symptoms (e.g., thoughts of self-harm) would be reported to child protective services and that their children would be removed from the home.
  - Stigma intersects with SDOH, such as those affecting under-resourced populations, and affects maternal mental health and treatment. Stigma also disproportionately harms minoritized communities.
  - There is a need for non-stigmatizing, culturally relevant, and trauma-informed communications and education—for patients, families, communities, and providers—so people are comfortable discussing maternal mental health conditions and SUDs.

- **GBV**
    - All forms of gender-based violence can have a significant impact on maternal mental health and maternal mortality.
    - Interventions should address GBV-related trauma, ongoing IPV, and other forms and consequences of GBV.
- **Workforce**
    - Clinical workforce shortages compounded by the COVID-19 pandemic constitute a barrier to accessing all forms of health care, particularly care for maternal mental health conditions and SUDs.
    - Members of the workforce require specific training in maternal mental health conditions and SUDs, support for implementing collaborative or integrated care, assistance linking with relevant community-based resources, and access to perinatal psychiatric consultation.
    - Both clinical and community-based providers face challenges associated with burnout, training needs, no or low rates of reimbursement for related services, and limited resources for referral.
    - The community-based workforce—including community health workers, doulas, peer support specialists, peer navigators, and lactation consultants—can provide culturally relevant multigenerational services and supports to mothers and families. Scaling up training, credentialing, expansion, and reimbursement of this workforce could improve access and better support collaborative care systems.
    - Recruitment and retention incentives could enhance the pipeline of clinical and community-based workers.
- **Access, Affordability, and Continuity of Care**
    - Many providers of mental health and SUD treatment services do not accept insurance, compounding issues stemming from workforce shortages and service access.
    - Many community-based organizations that provide maternal mental health and SUD treatment services are underfunded.
    - No or low levels of reimbursement for mental health and SUD treatment services limit access and negatively affect mothers and their children—particularly in rural areas and other under-resourced communities.
    - Fragmented and disconnected health care and social services systems require multiple visits to different providers in various locations, resulting in additional stress for pregnant and postpartum individuals and contributing to a lack of continuity of care, to difficulty accessing services, and to many individuals not seeking support and treatment.
- **Data and Research**
    - Current research is limited regarding perinatal mental health conditions and SUDs and their effects on the life course of pregnant and postpartum individuals, their children, and their other family members, particularly those from under-resourced communities. Future research could investigate these effects, particularly the potential increased risk for later-life medical conditions. Research should prioritize the major knowledge gaps in the field of maternal mental health and SUDs to optimize the impact on the population.

- Data collection should be standardized and integrated at the local, county, state, and national levels. Collection of both cross-sectional and longitudinal data could improve the understanding of maternal mental health conditions and SUDs, and standards of excellence can establish standards for quality care.
- Maternal mortality review committees (MMRCs) provide data to inform prevention and perinatal quality collaboratives (PQCs), which implement quality improvement initiatives. MMRCs and PQCs remain crucial to maternal mental health improvement efforts and would benefit from the data collection practices described above.
- All research efforts and other initiatives to improve maternal health conditions and SUDs—including research studies, surveillance efforts, and quality improvement initiatives—must involve the participation of both the communities most affected and providers who routinely care for pregnant and postpartum individuals. Researchers should integrate community members and care providers throughout the research process, from study conceptualization/design to dissemination of findings.
- Multiple audiences require research findings and data from surveillance efforts on maternal mental health conditions, SUDs, associated discrimination, SDOH, GBV/IPV, and their intersection—as well as successful interventions and models of care—described in plain language so they can act within their spheres of influence.

- **Other Key Points**
  - To improve maternal mental health and SUD outcomes, individuals and families need culturally relevant wraparound services, perinatal supports, and health care for a minimum of 1 year postpartum (including telehealth options).
  - Universal access to the full spectrum of evidence-based maternal mental health and SUD services—prevention, screening, diagnosis, and interventions (both clinical and community-based)—is needed for holistic, culturally relevant care and support.
  - Best practices, integrated care models, and other model programs are available for clinical, community-based, and multigenerational services. However, nationwide, their implementation remains inconsistent.
  - Universal home visiting programs can offer individuals, parent–child dyads, and families valuable support in the perinatal period and can address many barriers to accessing services (e.g., a lack of transportation, long distances to clinics, and a need for child care).

> **"Between chronic pain and insurance … I couldn't find someone who had availability, so it fell by the wayside. I was trying to juggle it all. It got really bad. My mental health got bad again after she turned 1. She's screaming and crying when she should be sleeping. … I was spiraling and taking it out on my partner and being mean. I didn't want to be here, [telling myself], 'Maybe [my child] would be better [if she] didn't have a mom.' It was really a hard time justifying why I should be around my husband and daughter."**
>
> **—A mother**