

# MOMS IN CRISIS

HOW THE PANDEMIC & FORMULA SHORTAGE  
HAVE FED THE MATERNAL MENTAL HEALTH CRISIS

# ADRIENNE GRIFFEN

EXECUTIVE DIRECTOR

MATERNAL MENTAL HEALTH  
LEADERSHIP ALLIANCE

MMHLA  
Maternal Mental Health  
Leadership Alliance



# THANK YOU TO...



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



# LOGISTICS



PRESENTATIONS AND  
RECORDING



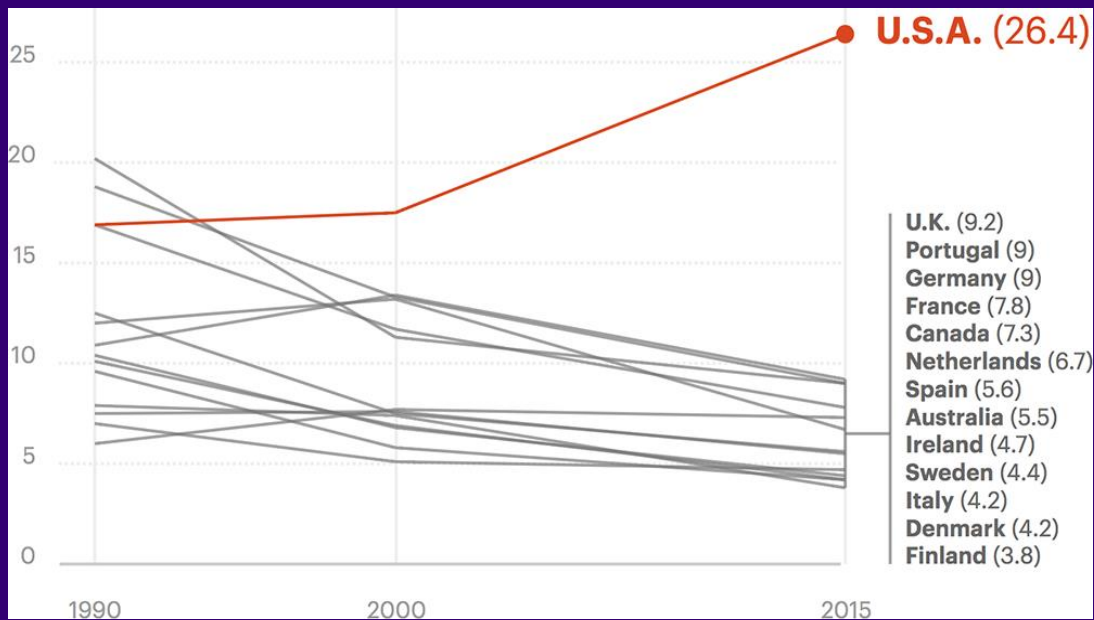
WILL BE SENT FOLLOWING THE  
BRIEFING



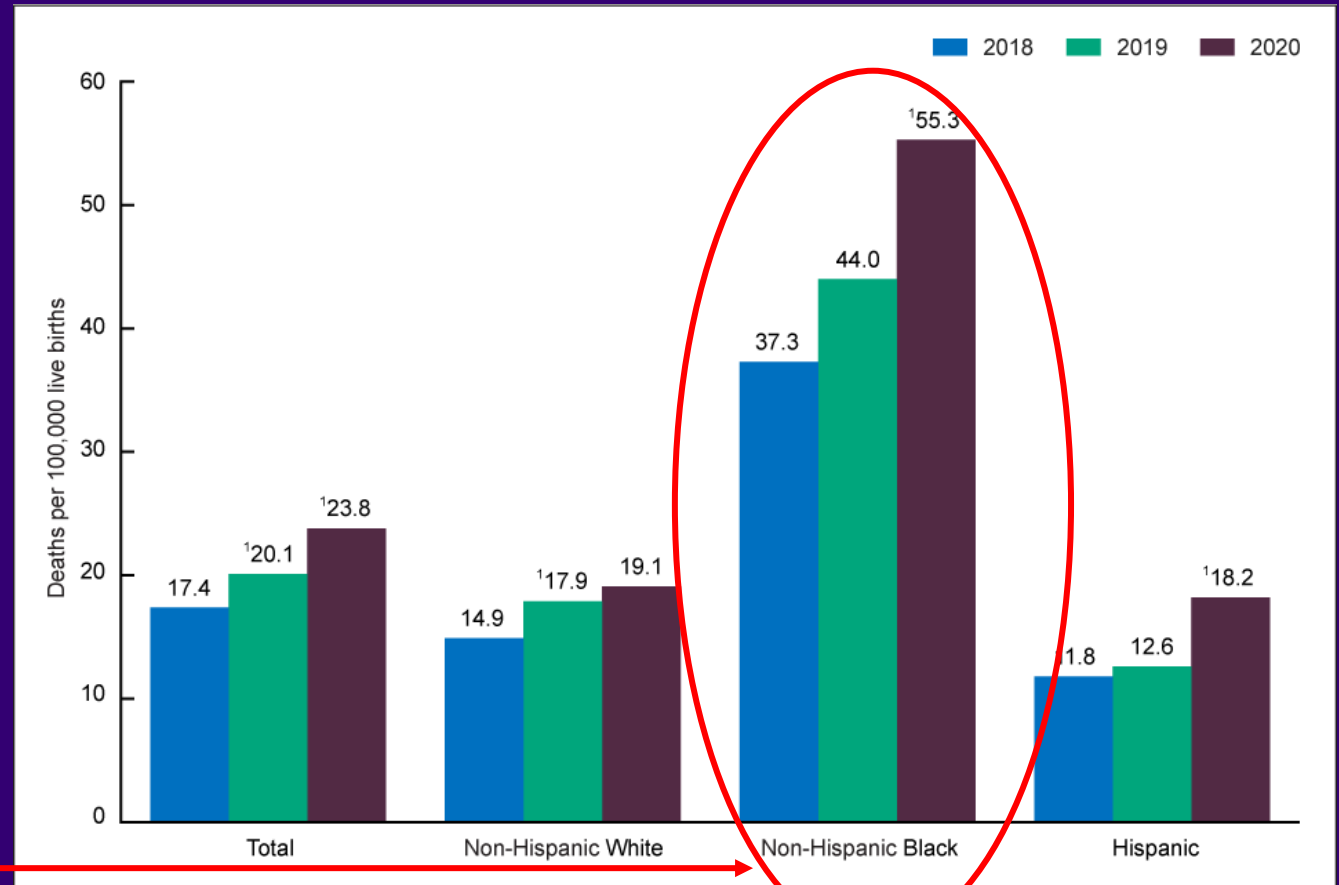
QUESTIONS? CONTACT  
EMILY AT  
[EROSENBERG@MMHLA.ORG](mailto:EROSENBERG@MMHLA.ORG)

# 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



<sup>1</sup>Statistically significant increase in rate from previous year ( $p < 0.05$ ).

NOTE: Race groups are single race.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

# 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

1/5



women will experience MMH during pregnancy or first year following



of women who experience MMH symptoms go untreated

Annual cost of not treating MMH

is \$32,000 per mother-infant pair (adding up to \$14 billion nationally)





# MOMS IN CRISIS: STRESSORS IMPACTING MOMS

## HOW DO I:

Avoid COVID?

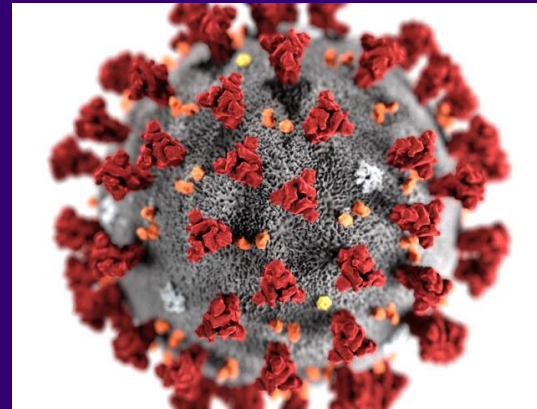
Work from home?

Care for my family?

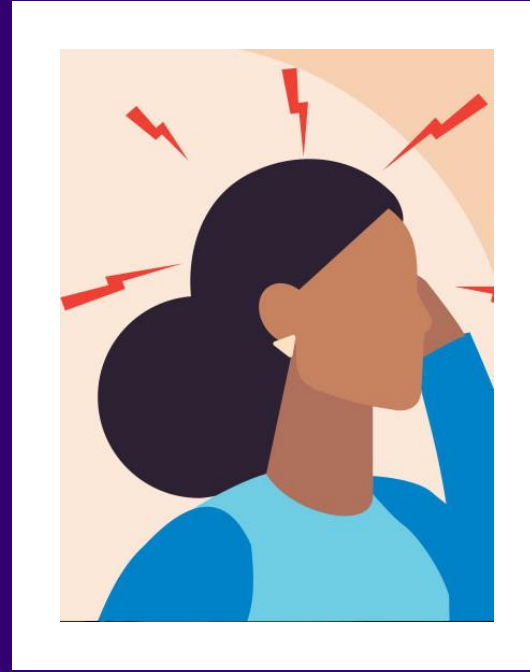
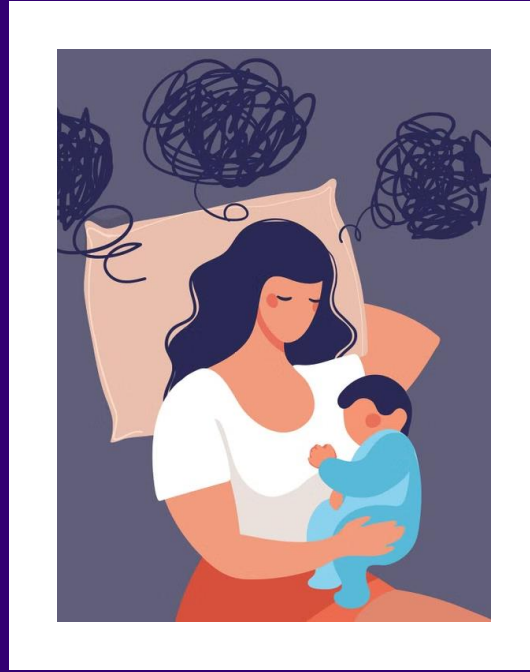
Teach my children?

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



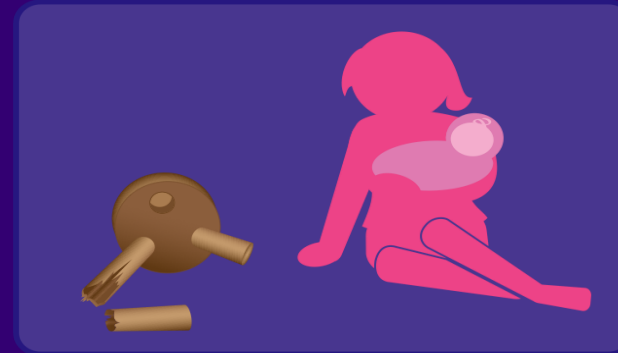
Visionaries for the Future of Maternal Mental Health



# WHO IS 2020 MOM?

Mission:

To close gaps maternal mental health care through policy and health care systems change.



Visionaries for the Future  
of Maternal Mental Health



# CONVENE, REPORTS & TECHNICAL ASSISTANCE

## BARRIERS TO CARE FOR MMH DISORDERS

### A Mother's Barriers to Care

Though there are many treatment options available to women, the same factors that place a woman at higher risk of developing an MMH disorder, together with her symptoms, impair her ability to be diagnosed and seek treatment.

Specifically, depression and anxiety increase isolation and/or avoidance, decrease attendance and participation in health care, and lower one's ability to follow through on treatment recommendations.<sup>110</sup> Even if a mother is screened, diagnosed, and receives a referral, she may not receive care. One study reported that less than 15 percent of identified cases received further assessment and follow-up treatment.<sup>116</sup>

**Less than 15% of women receive treatment.**

The most frequently cited barriers to treatment for women of low socioeconomic status are those stressors that can also contribute to maternal depression. Lack of childcare, lack of transportation, lack of insurance, high out of pocket expenses, and lack of financial flexibility create structural barriers for many women.<sup>113-115</sup> Low health literacy has also been shown to delay self-reporting of symptoms and contribute to women's refusal to engage in pharmacological treatment.<sup>112</sup> Additionally, previous experiences of feeling judged by health care providers can lead to general mistrust and avoidance of the health care system, particularly mental health services.<sup>113</sup>

### Systemic Barriers to Care

In addition to the mental health provider shortages previously addressed in this paper, both patients and screening providers are faced with an additional systemic barrier, our bifurcated mental health and medical care delivery systems. This non-singular system was created in large part, and inadvertently, through insurance practices. America's health care system was largely built around the employer-based insurance system of payment. Initially in the U.S., employers were insuring against loss of life, limb, and catastrophic injury ("indemnity" insurance plans). As such, our system was built around physical injuries rather than mental illnesses. Later, at the request of employers, specialty insurance companies were formed to provide optional contracts covering care for vision, dental, and mental health and substance abuse, often referred to as "behavioral" health. Such bifurcation of insurance and thus of the health care system creates significant added and unnecessary complexity for providers and patients when accessing care. Because many medical conditions co-occur and one may cause another, forward-thinking health insurers are beginning to bring mental health "in house."<sup>116,117</sup> When health insurers directly provide behavioral health coverage through their base medical plans, a substantial barrier to care will be lifted.

"Though there has been a movement toward 'integrating' mental health care into medical systems, including primary care, significant barriers persist. In a large part, this can be attributed to having separate medical and mental health insurance companies, which require separate provider contracts/networks and separate benefit policies for patients; mental health is 'carved-out.'"

Joy Burkhard  
2020 Mom



## ISSUE BRIEF

### A Significant Solution for Maternal Mental Health: Certified Peer Specialists

Nearly 1 in 5<sup>12</sup> women struggle with maternal mental health disorders such as anxiety and depression, yet most go untreated.<sup>23</sup> Though maternal mental health has garnered increased attention in recent years, women continue to experience a lack of consistent, accessible



standard of care in the United States, in part due to a scarcity of qualified and financially-accessible mental health providers.

The Health Resources and Services Administration (HRSA) as of October 2020 noted over 5700 mental health professional shortage areas exist in the U.S.<sup>3</sup> These shortage areas contribute to the fewer than half of those with mental illness being able to receive care, as seen in a 2014 Substance Abuse and Mental Health

Services Administration (SAMHSA) survey cited by the National Conference of State Legislatures (NCSL).<sup>4</sup>

The COVID-19 pandemic has only exacerbated this crisis in care, given the growing need for mental health services. According to The Centers for Disease Control and Prevention's (CDC) August 2020 findings, 40.9% of U.S. adults reported struggling with poor mental health or substance abuse related to the COVID-19 pandemic in late June 2020,<sup>5</sup> almost twice the number of U.S. adults having any mental illness in 2019 (20.6%).<sup>6</sup>

In response to this provider shortage and growing need, there has been recent interest in the utilization of certified peer specialists to combat poor mental health. The Centers for Medicare and Medicaid Services (CMS) initially cited the efficacy of peer support programs in 2007, defining peer services as "an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness."<sup>7</sup> In addition to the CMS, peer support has been nationally recognized by other federal agencies such as SAMHSA and HRSA and endorsed by organizations like Mental Health America.

Historically, certified peer specialists have been utilized in particular populations or community settings, such as for those with substance use disorders, or veterans. Peer specialists have been found to be effective in reducing anxiety and depression in pregnant and postpartum women as well,<sup>8</sup> making peer support a promising intervention for maternal mental illness.

A Significant Solution for Maternal Mental Health: Certified Peer Specialists



## ISSUE BRIEF

### Universal Screening for Maternal Mental Health Disorders

#### Introduction

Maternal mental health (MMH) disorders, like postpartum depression, are the most common complication of pregnancy and childbirth, affecting on average, 1 in 5 mothers.<sup>1</sup> Rates are higher among those facing economic challenges and among certain racial groups. For example, rates of maternal depression are more than doubled for Black than white mothers.<sup>2</sup> When left untreated, these disorders can cause devastating consequences for the mother, the baby, family, and society. Many people, including health care providers, are not familiar with the signs and symptoms of these disorders, to easily recognize an MMH disorder. With the incidence of MMH disorders on the rise, it is even more critical that these disorders



are detected and treated.<sup>3</sup> The use of research-validated screening tools (questionnaires) to identify those who may be suffering, are now universally recommended. However, because of several complicating factors, screening has not been universally implemented.<sup>4</sup>

#### Why Screen?

Screening can increase the identification of those who are at risk for MMH disorders and those who are currently suffering. Screening is the first step to identifying a problem so mothers can receive treatment and care to reduce adverse maternal and infant outcomes.<sup>5</sup>

Additionally, screening provides an opportunity for health care providers to:

- indicate that these disorders are common and treatable
- inform mothers of the signs and symptoms
- identify those at risk
- share that these disorders are often preventable with the right support
- note that early detection is important for the health of the mother and baby

#### What is Universal Screening?

"Universal screening" is the systematic administration of an assessment, in the case of maternal mental health screening, universal screening involves the healthcare system implementing standardized protocols and systems to screen all who are pregnant or in the postpartum period.

Universal Screening for Maternal Mental Health Disorders

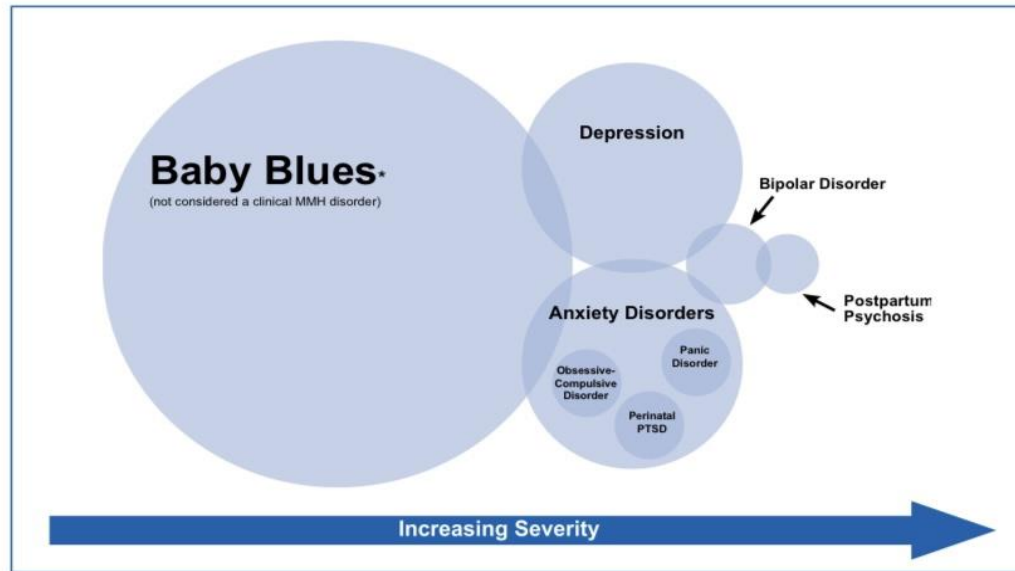
# WHAT ARE MMH DISORDERS? IT'S NOT JUST POSTPARTUM DEPRESSION

## 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.<sup>2</sup> In fact, anxiety is often a precursor to depression and these disorders frequently co-occur.<sup>21,24</sup>

Maternal mental health disorders encompass a range of mental health conditions with varying severity and prevalence, including depression, anxiety disorders, and postpartum psychosis,<sup>1-3</sup> 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.<sup>21,22</sup>

Figure 2. Severity and Prevalence of MMH Disorders<sup>1,3,24-28</sup>

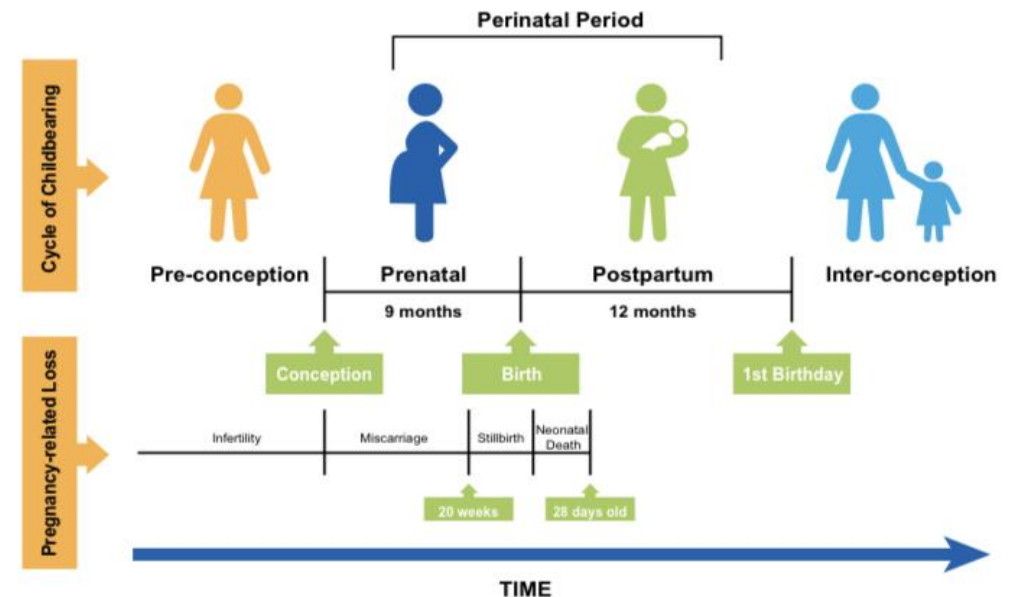


## MATERNAL MENTAL HEALTH: AN OVERVIEW

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.<sup>18,19</sup> According to the World Health Organization, women experience higher rates of depression than men.<sup>19</sup>

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).<sup>1,4</sup>

Figure 1. Maternal Mental Health Disorders Occur During the Perinatal Period



# 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: [Datassembly](#)

- 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

**2020 Mom**  
  
 2020Mom.org

**Identifying Treatment and Screening for All by 2024  
 Hospital Maternal Mental Health  
 Self-Assessment**

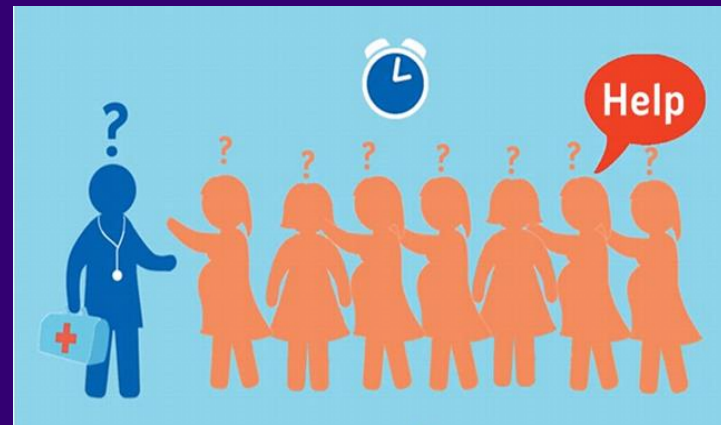
Date: \_\_\_\_\_  
 Name of Hospital: \_\_\_\_\_  
 Name of individual completing survey: \_\_\_\_\_  
 Title of individual completing survey: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Please check "YES," "NO" or "IN PROGRESS" for the following to let us know what your hospital currently offers. Programs/policies/processes must be in place and benefiting women/families as of the date noted above.  
 Basic =  Advanced =

| Training  | YES | NO | IN PROGRESS |
|---|-----|----|-------------|
| 1 All postpartum nurses, lactation consultants and social workers have received certificate based training in maternal mental health. Offered through programs like 2020 Mom-Postpartum Support International (PSI), PSI independently, or other local program. |     |    |             |
| 2 Psychiatrist trained in reproductive health disorders is available/in-call to provide treatment for severe cases.   |     |    |             |
| 3 If a teaching hospital, trains residents, students, or post-doctoral students in Maternal Mental Health. <input type="checkbox"/> N/A, Not a teaching hospital.   |     |    |             |

| Curriculum  | YES | NO | IN PROGRESS |
|---|-----|----|-------------|
| 1 Grandrounds dedicated to maternal depression and other mood and anxiety disorders at least one time a year.   |     |    |             |
| 2 Include an overview of maternal mental health disorders in birth class curriculum, including signs, and symptoms, prevalence, and local treatment resources. Show a video or clip from a documentary. |     |    |             |

www.2020Mom.org | e-mail: info@2020MomProject.com | 5843 Wilshire Blvd., Los Angeles, CA 90095



# 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

AZ, CA, FL, IL, PA, UT  
Substantive Legislation

MA, MD, CA  
Ran state commissions

CO, ME, MN, NJ, NY, OR, TX\*, VA, WA, WV  
Has addressed MMH screening/awareness in the past

IL, TX  
Infanticide law: passed in IL, attempted in TX

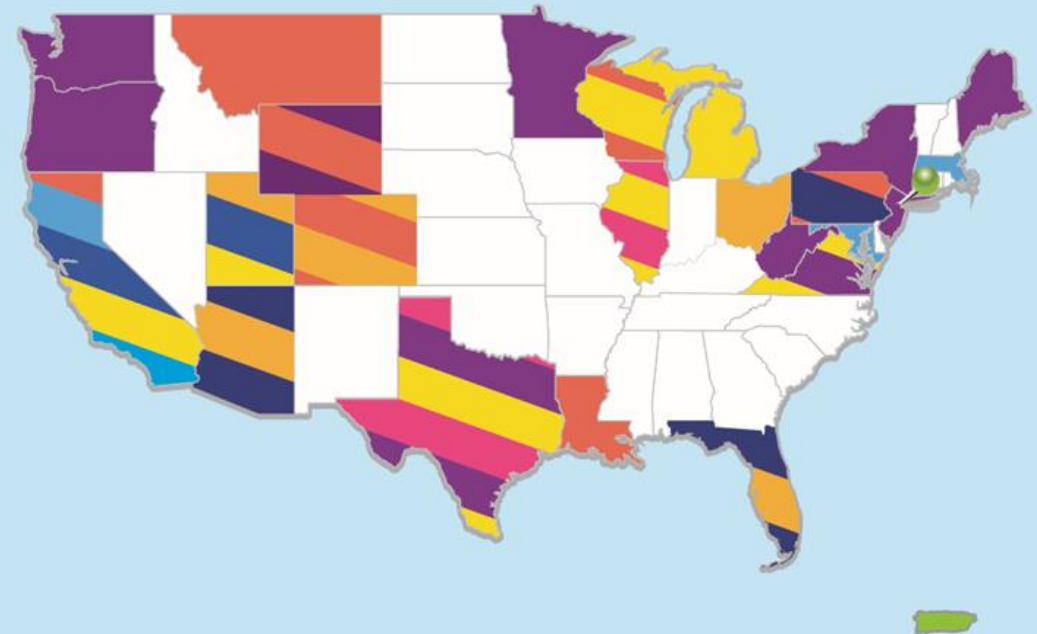
NY City, PR  
Jurisdiction/territory that has addressed screening/awareness MMH

CA, IL, MI, MN, TX, UT, VA  
State declarations of May as Maternal Mental Health Month

AZ, CO, OH, PR, UT  
Nonprofit State Policy Fellows

CA, CO, FL, LA, MT, PA, WI, WY  
Public Health Fellows

\*Reimbursement to pediatricians for children w/ Medicaid or CHIP



# CASE STUDY: CALIFORNIA MATERNAL MENTAL HEALTH TASK FORCE

A Report from the California  
Task Force on the Status of  
Maternal Mental Health Care

California's Strategic Plan:  
A catalyst for shifting statewide systems to  
improve care across California and beyond.



April 2017

## 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

## HHS Objective 3.1 Improve the quality of and access to postpartum care, especially mental health and substance use services.

### Action 3.1.1

- **Extend Medicaid coverage for postpartum women** with SUD from 60 days to 365 days after birth

### Action 3.1.2

- Launch non-hospital Alliance for Innovation on Maternal Health (**AIM**) **maternal safety bundle (aka guidelines)** for Postpartum care

### Action 3.1.3

- Scale practice improvements in outcomes related to **maternal depression and intimate partner violence** to **additional home visiting programs**

### Action 3.1.4

- Launch [of] the Agency for Healthcare Research and Quality's (**AHRQ's**) **Cross-Sectional Innovation to Improve Rural Postpartum Mental Health Challenge**

### Action 3.1.5

- Encourage moms across the nation to **report postpartum depression symptoms to a health care provider**



# WHAT ABOUT INSURANCE/MEDICAID COVERAGE?



## Postpartum Medicaid Coverage Extension Passes Through the American Rescue Plan

MARCH 10, 2021 IN POLICY

By the 2020 Mom Policy Team

The [American Rescue Plan Act of 2021](#) passed Congress and is now on its way to the President's desk to be signed into law. The implementation of this health care heavy bill will require an immense amount of coordinated work from the U.S. Department of Health and Human Services to roll out provisions that fall within its jurisdiction.

## 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

**TRIUMPH for New Moms Act**  
Taskforce Recommending Improvements for Unaddressed Mental Perinatal & Postpartum Health

Sponsors: Reps. Nanette Barragán (D-CA-44), Larry Buschon (R-IN-8), Young Kim (R-CA-39), and Lisa Blunt Rochester (D-DE)  
supported by **2020 PLOW**

**The Problem:** There is a lack of federal coordination and strategy around maternal mental health, resulting in high maternal mortality, intergenerational harm to mothers and babies, and significant impacts to the economy.

Maternal mental health conditions onset during pregnancy or the year following childbirth, and include depression, anxiety, OCD, substance use disorder, and others.

**1 in 5** women and **3 in 5** women of color will suffer from a maternal mental health condition.

**50%** never receive treatment

**Maternal Mortality**  
Suicide and overdose are the leading causes of death for new mothers.

**The Solution:** A Federal Interdepartmental Task Force on Maternal Mental Health

- 1 Review and identify existing programs & best practices
- 2 Close gaps, eliminate duplication & coordinate federal resources
- 3 Create a national strategy & issue recs to Governors

**TRIUMPH for New Moms Act**  
to Build Strategy for Improved Mental Health

[Learn More >](#)



# ADDRESSING MATERNAL MENTAL HEALTH AT THE STATE & PROVIDER LEVEL

MARY KIMMEL, MD

MEDICAL DIRECTOR  
NC MATERNAL  
MENTAL HEALTH 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 21<sup>st</sup> 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:

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- Karen Burns, LCSWA
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- Paulina Ruiz, BS
- Carolina Alford, LCSW
- Alexis French, PhD
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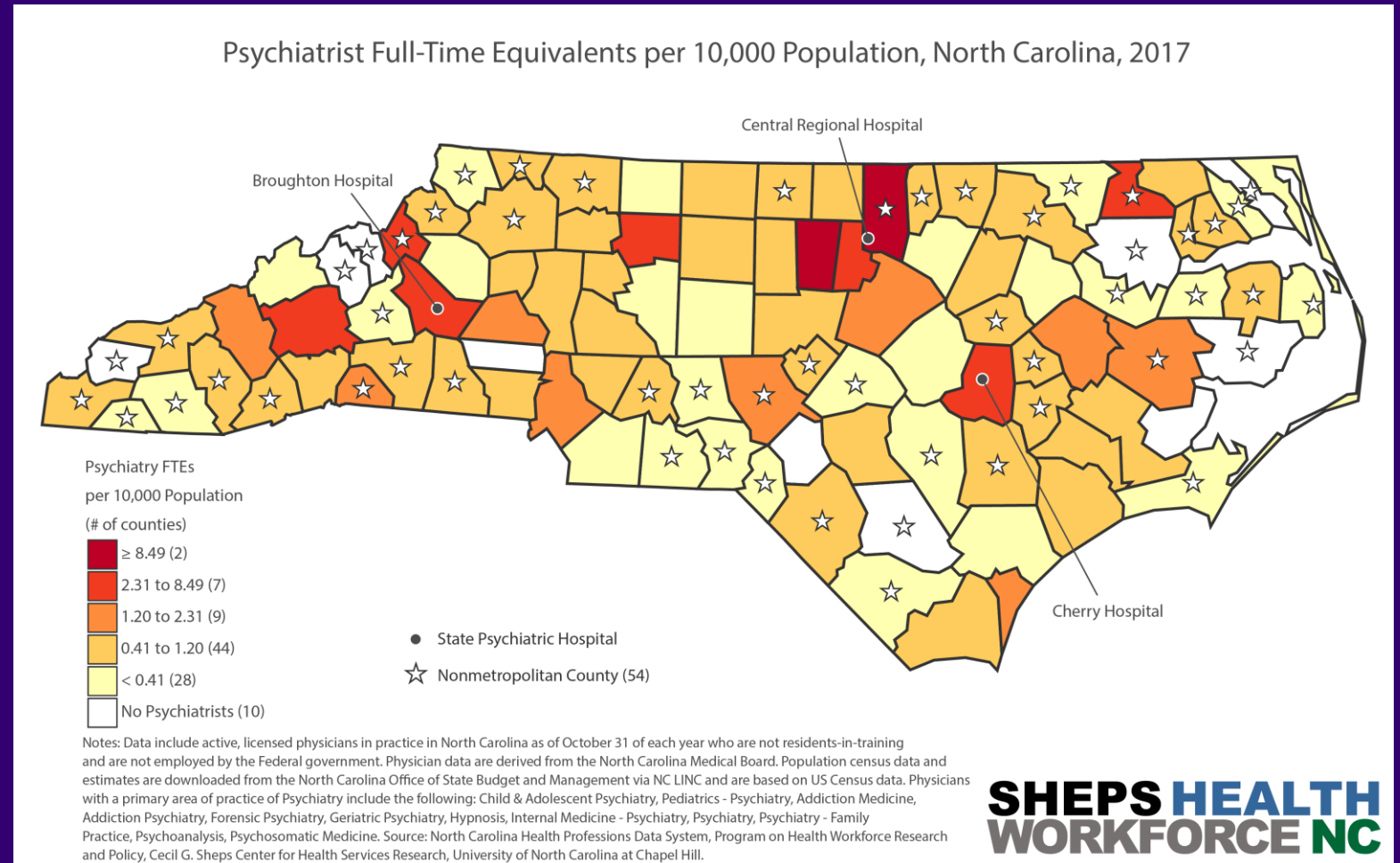


“I am so worried about germs. All I can think about is getting sick in my pregnancy and ending up on a respirator. I will not let any family visit. When my husband comes home from work. I make him take off his clothes, immediately put them in the washer and take a shower. Some nights I am up past midnight 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 system of mental health outside their medical home.



# 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

# NC MATTERS: SUPPORT OF MULTIPLE DIFFERENT PROVIDER TYPES & ACROSS PERINATAL MENTAL HEALTH WELLNESS



**Courses for Continuing Medical education (CME)** through various regional Area Health Education Centers (AHECs)

**Joint newsletter with NC-PAL** (NC psychiatric access line)

**Attachment Network of NC**

**Psychiatry resident learning collaborative with Eastern Carolina University**

**Trainings and presentations by request**

**Collaboration with the Perinatal Quality Collaborative of NC & CLOUDi initiative**

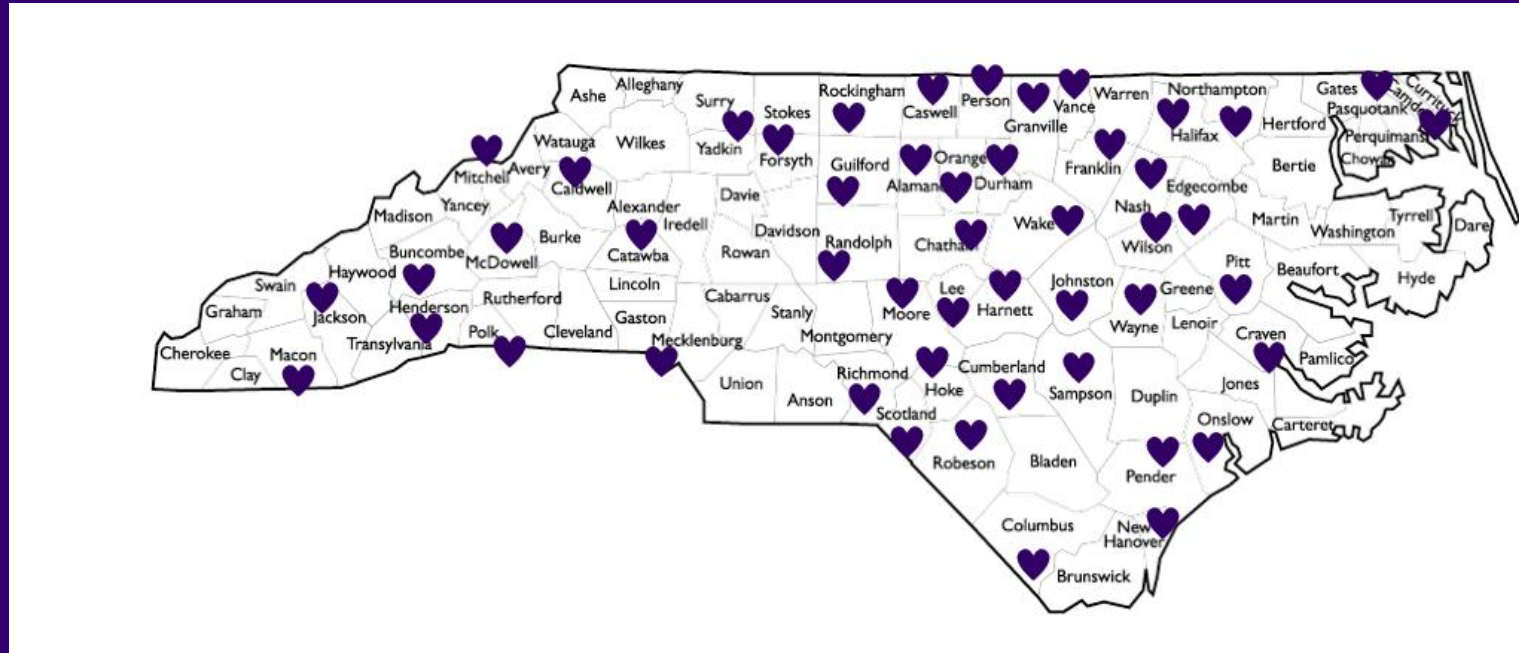
**Participation in Maternal Health Task Force and Perinatal Health Equity Collective**

**Participation in Lifeline4Moms perinatal psychiatric access network**





# ACCOMPLISHMENTS SO FAR



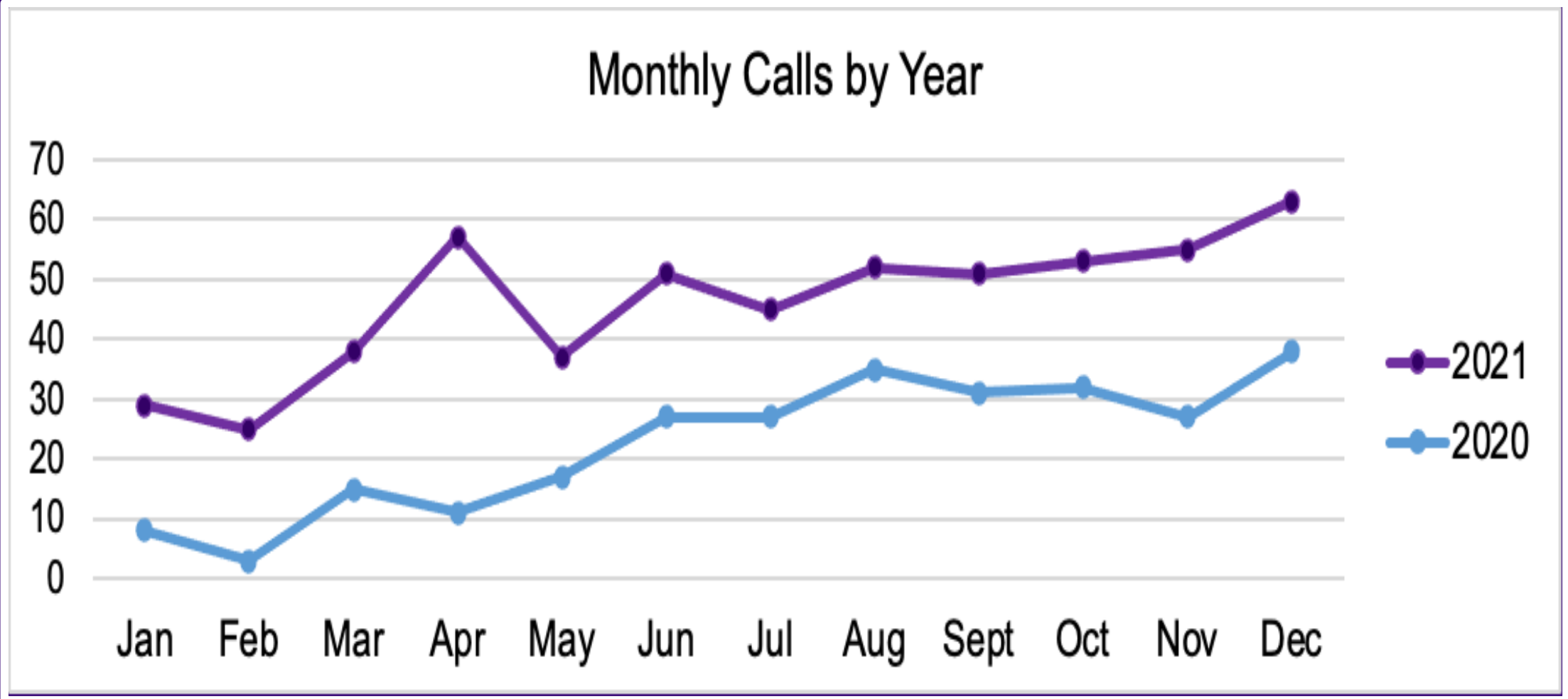
**1,025 calls to  
the consult line**

**Patients from  
55+ NC  
counties  
served**

**827 enrolled  
providers**

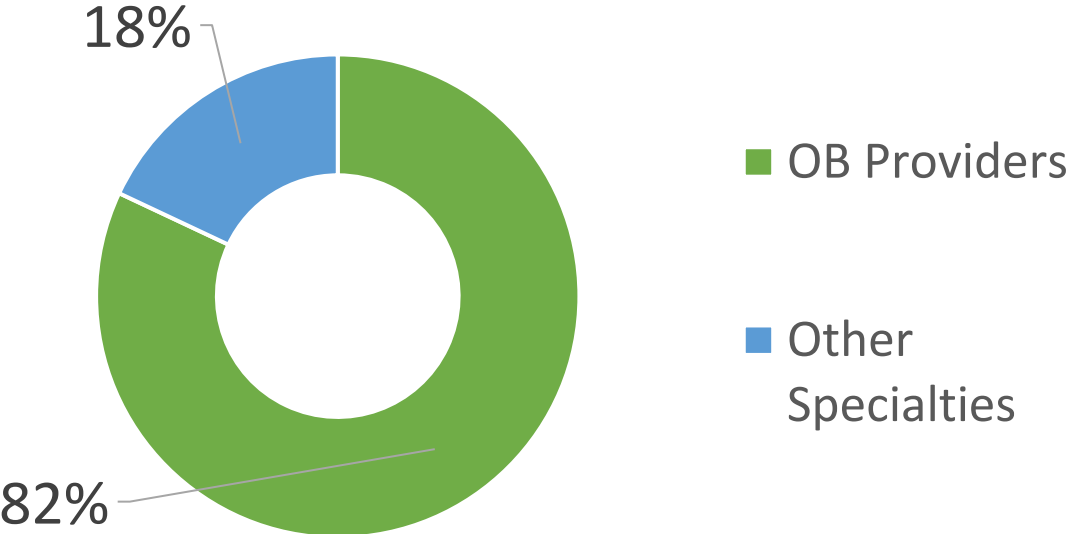
**1,900+  
health care  
professionals  
trained**

# CONSULTATION REQUESTS ARE INCREASING

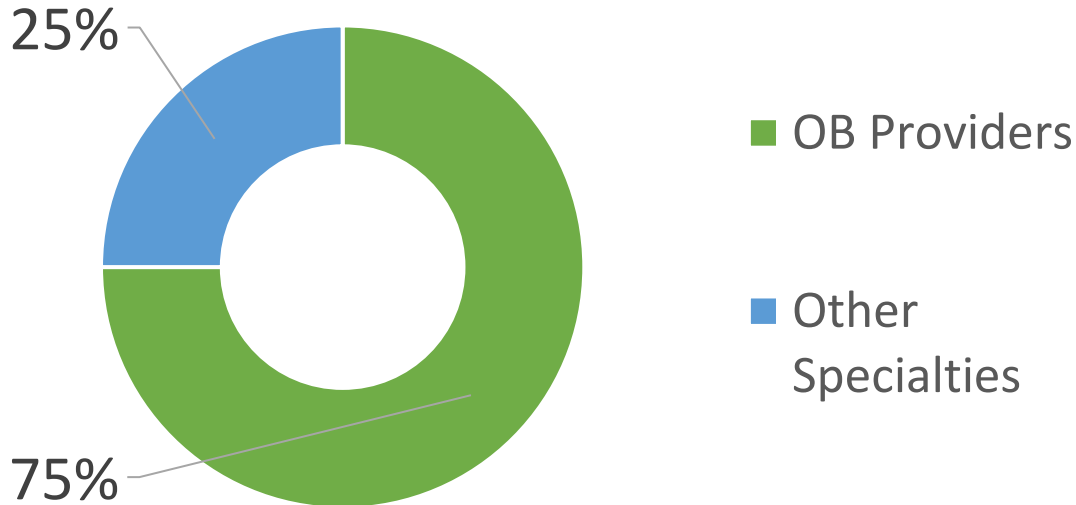


# CONSULTATION REQUESTS BY PROFESSIONALS OUTSIDE OF OBGYN ARE INCREASING

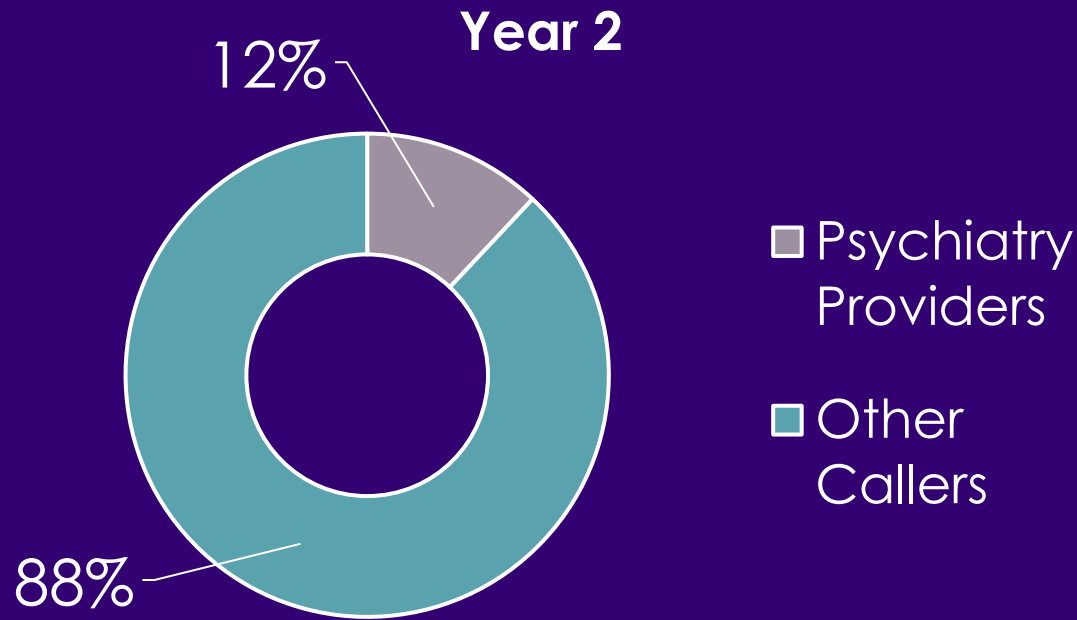
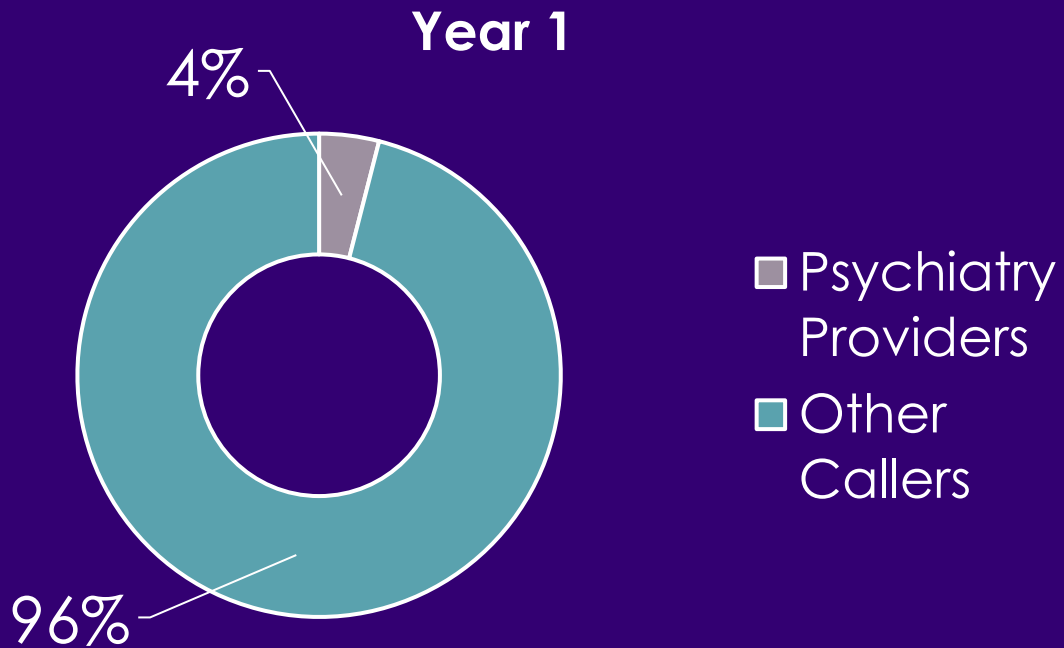
Year 1



Year 2



# CONSULTATION REQUESTS BY PSYCHIATRY PROVIDERS ARE INCREASING





# 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

## 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



# ADDRESSING MATERNAL MENTAL HEALTH AT THE NATIONAL TO LOCAL LEVEL

KAY MATTHEWS

CERTIFIED HEALTH  
CARE WORKER

FOUNDER AND  
EXECUTIVE DIRECTOR

**SHADES** *of* **BLUE**  
PROJECT





# SHADES OF BLUE PROJECT

HOUSTON, TX  
COMMUNITY-BASED  
ORGANIZATION

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 off 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

## 1-1 Models

- Peer-to-Peer Support
- Shared Decision Making

## Group Models

- Peer Support-Led Group
- Structured “Traditional” Group Support

## Community-level Models

- Community Health Worker Programs

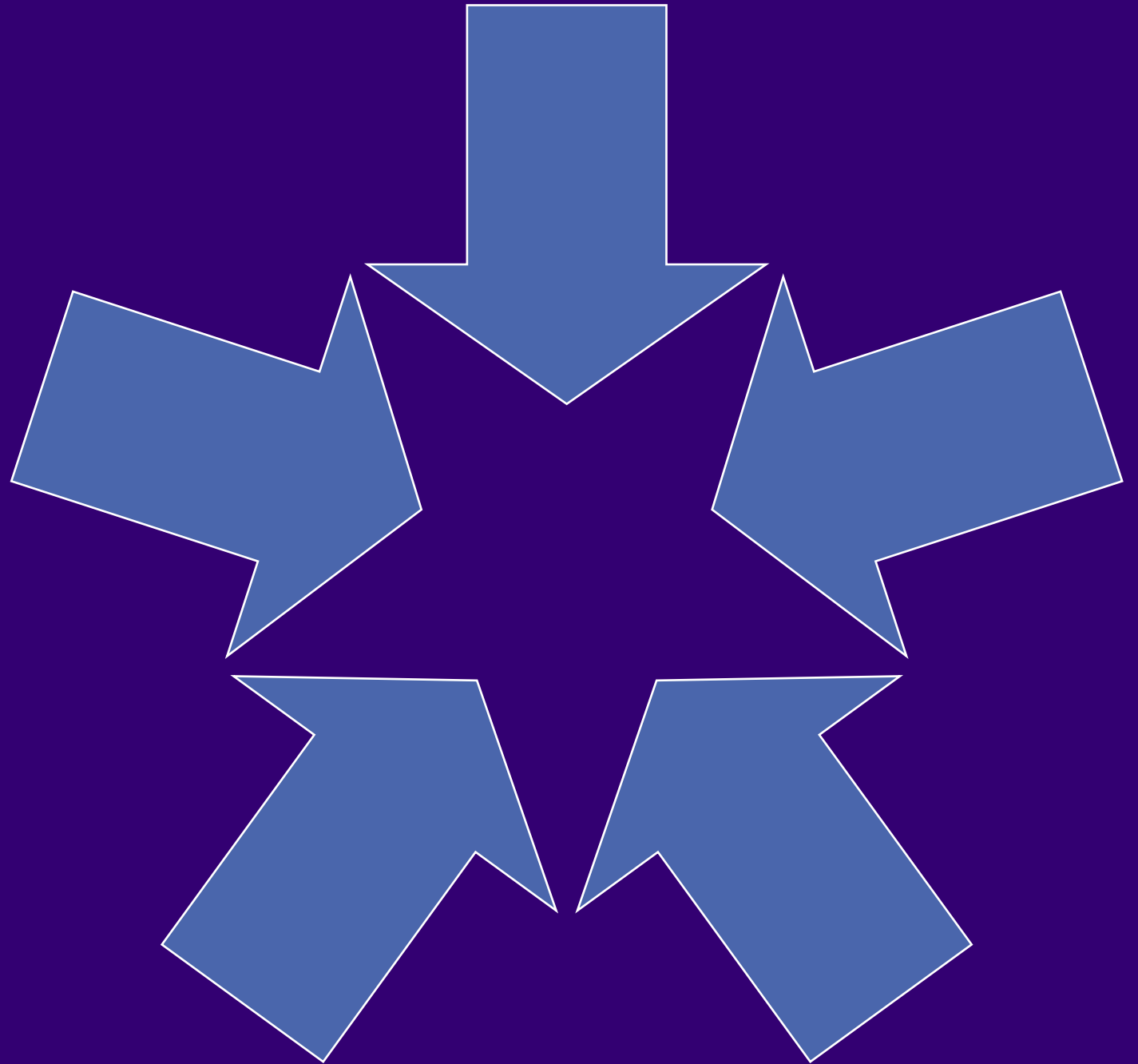
# OUR COLLECTIVE EFFORTS IN ACTION

The INSPIRE Method created for the  
community with community  
involvement

# INSPIRE METHOD

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

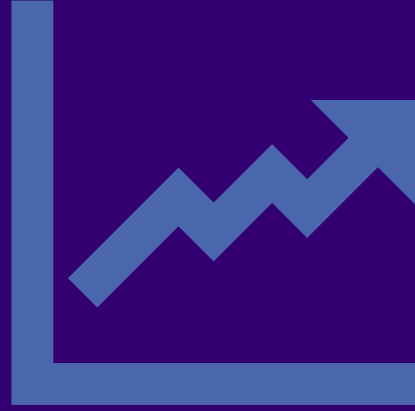
Patience

Identify and  
initiate  
change

Rest and  
relaxation

Each day is a  
new day to  
start again





HOW HAVE WE BEEN SUCCESSFUL  
USING THIS METHOD?

**Workforce Development  
as Moms Participating  
become Support Group  
Leaders**

**Training Community  
Leaders**

(Nonprofit Orgs,  
Community Members,  
Church Leaders)

**Training of Healthcare  
Professionals**

(doctors, nurses,  
receptionist, community  
health workers)

**Training Local, State,  
National Program  
Employees**

(Healthy Start, Healthy  
Women Houston)

**Creation of Black Maternal  
Mental Health Summit**

**July 20-22, 2022**

Bi-Annual Occurrence

**Creation of Black Maternal  
Mental Health Week**

**July 19-25**

Annual Awareness  
Campaign

**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

Leading with Compassion in every interaction



Acknowledgement



Respect



Support

“We must be inclusive of all birth stories no matter the outcome.” Kay Matthews

# WE ARE THE SOLUTION

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!!



REPRESENTATIVE  
LARRY BUCSHON, M.D.  
(R-IN-08)



# 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



QUESTIONS? CONTACT  
EMILY AT  
[EROSENBERG@MMHLA.ORG](mailto:EROSENBERG@MMHLA.ORG)

# THANK YOU TO...



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





THANK YOU!