MASSACHUSETTS MEDICAL SOCIETY
Every physician matters, each patient counts.

TESTIMONY IN SUPPORT OF H.1984/S.1261
AN ACT TO EXPAND EQUITABLE PERINATAL MENTAL HEALTH SERVICES
BEFORE THE JOINT COMMITTEE ON MENTAL HEALTH, SUBSTANCE USE, AND RECOVERY
JULY 10, 2023

The Massachusetts Medical Society is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to provide them with a better health care system, and on behalf of physicians, to help them provide the best care possible. The MMS strives for health equity, advocating for vulnerable patients especially during time periods most critical to their health. The Medical Society is committed to eliminating racial and ethnic disparities in maternal and infant health outcomes for all birthing individuals and families of color. Accordingly, and for the reasons below, **the Medical Society is in strong support of H.1984/S.1261, *An act to expand equitable perinatal mental health services*,** which would establish two grant programs to grow and diversity the Commonwealth's perinatal mental health (PMH) workforce and invest in community-based organizations supporting perinatal patients. By expanding the perinatal mental health workforce, we can improve access to care, reduce wait times, and ensure that patients in need receive timely care and appropriate support.

PMH conditions are the most common complication of pregnancy and childbirth, with postpartum depression (PPD) affecting 10–20% of obstetric patients. The prevalence of PMH conditions vary on multiple risk factors, including socioeconomic status, prior mental illness, and other stressful life events.[1][2][3] Furthermore, perinatal suicide accounts for up to 20% of

[1] Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. Obstet Gynecol. 2005 Nov;106(5 Pt 1):1071-83. doi: 10.1097/01.AOG.0000183597.31630.db. PMID: 16260528.
[2] O'Hara, M. W., & Swain, A. M. (1996). Rates and risk of postpartum depression-A metaanalysis. International Review of Psychiatry, 8(1), 37– 54. https://doi.org/10.3109/09540269609037816
[3] Halbreich U, Karkun S. Cross-cultural and social diversity of prevalence of postpartum depression and depressive symptoms. J Affect Disord. 2006 Apr;91(2-3):97-111. doi: 10.1016/j.jad.2005.12.051. Epub 2006 Feb 7. PMID: 16466664.

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maternal mortality.[4][5] PMH conditions not only affect the person's ability to function, but they can also lead to impaired parent-infant bonding, delays in child development, discontinuation of breastfeeding, child abuse and neglect, and family dysfunction.[6] In extreme situations, they can result in self-harm or infanticide.[7] Untreated PMH conditions pose long term costs, not just from health care expenses for postpartum patients, but also from lost workforce productivity and greater use of public sector social services.[8] Psychological treatments, such as cognitive, behavioral, and interpersonal therapies, are effective interventions for perinatal depression and anxiety, and yet as few as 20% of affected perinatal patients are treated with adequate treatments in North America.[9][10][11] Barriers include childcare needs, costs, transportation, and stigma, in addition to insufficient and inequitable distribution of mental health professionals across professional disciplines and geographic locations.[12][13] Given the prevalence and detrimental impact of PMH conditions, innovative solutions to scale up the perinatal mental health workforce is a public health priority. H.1984/S.1261 will support the well-being of parents, promote healthy infant development, and strengthen communities.

Multiple studies have demonstrated higher rates of PMH conditions in those belonging to racial/ethnic minorities, but perinatal mental health symptoms among parents of color are often

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[4] Arch Womens Ment Health 2005; 8(2):77–87. doi:10.1007/s00737-005-0080-1

[5] Orsolini L, Valchera A, Vecchiotti R, Tomasetti C, Iasevoli F, Fornaro M, De Berardis D, Perna G, Pompili M, Bellantuono C. Suicide during Perinatal Period: Epidemiology, Risk Factors, and Clinical Correlates. Front Psychiatry. 2016 Aug 12;7:138. doi: 10.3389/fpsyt.2016.00138. PMID: 27570512; PMCID: PMC4981602.

[6] IpS, Chung M, Raman G, et al. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Health Research and Quality; 2007:130–131

[7] Gilden J, Molenaar NM, Smit AK, Hoogendijk WJG, Rommel AS, Kamperman AM, Bergink V. Mother-to-Infant Bonding in Women with Postpartum Psychosis and Severe Postpartum Depression: A Clinical Cohort Study. J Clin Med. 2020 Jul 19;9(7):2291. doi: 10.3390/jcm9072291. PMID: 32707679; PMCID: PMC7408880

[8] *New study uncovers the heavy financial toll of untreated maternal mental health conditions*. Mathematica. (n.d.).https://www.mathematica.org/news/new-study-uncovers-the-heavy-financial-toll of-untreated-maternal-mental-health-conditions?HP_ITN

[9] Sockol LE, Epperson CN, Barber JP. A meta-analysis of treatments for perinatal depression. Clin Psychol Rev. 2011;31(5):839–49.

[10] O'Mahen HA, Flynn HA. Preferences and perceived barriers to treatment for depression during the perinatal period. J Women's Health. 2008;17(8):1301–9.

[11] Byatt N, Xiao RS, Dinh KH, Waring ME. Mental health care use in relation to depressive symptoms among pregnant women in the USA. Arch Womens Mental Health. 2016;19(1):187–91.

[12] Goodman JH. Women's attitudes, preferences, and perceived barriers to treatment for perinatal depression. Birth. 2009;36(1):60–9.

[13]Dennis CL, Chung-Lee L. Postpartum depression help-seeking barriers and maternal treatment preferences: a qualitative systematic review. Birth. 2006;33(4):323–31.

overlooked and under addressed.[14] While these individuals are at greater risk for PMH conditions and their children may have greater vulnerability to the downstream effects of these disorders, they are less likely to engage in treatment due to factors such as financial barriers, structural racism, stigma associated with mental health struggles, and a historical mistrust of the health care system.[15][16] When patients can access care from mental health professionals who share their backgrounds or have similar experiences, they may feel more comfortable, validated, and encouraged to seek support. Culturally competent providers are better equipped to understand the nuances of different cultures, beliefs, and values, which ultimately leads to more effective and tailored mental health interventions. Growing and diversifying the perinatal mental health workforce is an important step in combating disparities in maternal and infant health outcomes.

The perinatal period can be a time of unique vulnerability to mental health conditions due to hormonal changes, physical demands, sleep deprivation, and the emotional adjustments associated with becoming a parent. Further, societal expectations around pregnancy and parenthood can create pressure on perinatal patients to hide their feelings of sadness, anxiety, and depression. This pressure contributes to the stigma surrounding PMH conditions that deter pregnant and postpartum individuals from seeking care. However, when mental health care is readily available, perinatal patients and their partners are more likely to seek help without fear of judgement or discrimination. This, in turn, supports a culture that encourages open discussions about PMH conditions and promotes understanding and acceptance of the challenges associated with pregnancy and the postpartum period.

Thank you for your consideration of our comments and for your important work on this pressing topic. The Medical Society respectfully urges a favorable report on H.1984/S.1261, *An act to expand equitable perinatal mental health services*.

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[14] MGH Center for Women's Mental Health. *Health disparities in the use of mental health services among postpartum women*. MGH Center for Women's Mental Health. https://womensmentalhealth.org/posts/disparities-ppd-screening/

[15] Ibid.

[16]