

# IMPROVING MATERNAL MENTAL HEALTH

Recommendations for Texas

Texans Care for Children is a statewide, non-profit, non-partisan, multi-issue children's policy organization. We drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow. We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise.

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## BACKGROUND

Healthy children and families start with healthy pregnancies, healthy births, and healthy mothers. During these early formative years, a child's health is inextricably linked to the health of his or her mother. In many ways, the health of mothers can affect entire families, workplaces, communities, and economies.

Maternal mental health challenges – sometimes called postpartum depression or maternal depression – are one of the most common complications of pregnancy, affecting 1 in 7 Texas women.<sup>1</sup> When a mom suffers from maternal mental health challenges, she may face crippling anxiety or major depression as she is trying to bond with her newborn and help her baby grow and play. If untreated, maternal mental health challenges can have devastating effects. Child safety may be at risk, parent-infant attachment is disrupted, and children are more likely to experience behavioral problems or delays in language and brain development.

With support from the St. David's Foundation, Texans Care for Children engaged communities, providers, families, and others across Texas in early 2020 to learn more about challenges and opportunities in maternal mental health. After convening an advisory group of more than 20 Texas maternal health and mental health experts, disseminating an online survey across Texas, and hosting an online listening session, we submitted recommendations to Texas Health and Human Services Commission (HHSC) with action steps to improve screening and treatment of maternal mental health challenges.

**What follow are key findings from the online survey and stakeholder engagement as well as recommendations for steps Texas leaders can take to ensure healthier moms and babies.** More information on the findings from our online survey is [available here](#). These recommendations were submitted to HHSC to help as it developed its Draft 5-Year Postpartum Depression Strategic Plan, a plan the Legislature required through HB 253 in 2019.

1. Texas Health and Human Services Commission, Rider 85 Report (Feb. 2019) (citing Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System (PRAMS) combined CY 2014-2016 data).

## FINDINGS FROM THE MATERNAL MENTAL HEALTH SURVEY

In February 2020, Texans Care for Children developed and disseminated an online survey to identify current challenges and opportunities for improving access to maternal mental health screenings, referrals, treatment, and support services in Texas. The project's Advisory Workgroup was instrumental in shaping and informing the survey, with workgroup members participating in multiple calls to develop and revise the survey questions.

Through broad distribution of the survey, responses came from nearly 50 unique locations across Texas, including Texas' big cities plus many rural and suburban areas. A total of 200 Texans responded to the online survey. Most respondents to the survey were Texas professionals whose work involves women's health and/or mental health topics or services, such as nurses, licensed professional counselors, and physicians. Nearly half of respondents (48%) had personal or lived experiences with maternal mental health challenges themselves.

### Early Detection of Maternal Mental Health Challenges

Texans taking the survey widely recognized a need for increased training and screening for maternal mental health challenges.

- Eighty-nine percent of surveyed professionals wanted to increase their ability to screen.
- **The top-reported challenges in screening new moms were:** (1) not knowing how to screen, (2) lack of confidence that referral options are effective or accessible, and (3) not knowing how or where to refer.
- When asked which types of professionals most need additional training on maternal mental health challenges, respondents clearly agreed on three critical professions: obstetricians and gynecologists (OB/GYNs) (80%), pediatricians (71%), and mental health providers (60%).

- **Top recommendations for increasing screening and early detection of maternal mental health challenges** were: (1) extension of Medicaid coverage from 60 days to 12 months postpartum, (2) training professionals on how to find a reliable referral network, and (3) training professionals on signs and symptoms of maternal mental health challenges.

### Referrals to Care and Access to Treatment

- Nearly three-quarters of respondents said that the **top barrier keeping mothers from treatment to address maternal mental health challenges is that treatment is not affordable.** Other top barriers included: childcare issues; stigma; unable to find a provider; transportation issues; and location.
- Respondents who were health professionals said that, after determining a mom has a mental health challenge, top factors ensuring a mom received follow-up care were (1) a follow-up call or text to the mother and (2) mom having access to health insurance.
- **To improve referrals to care,** top recommendations were to: have on-site mental health providers at health centers; create a Texas statewide directory of providers and support groups; and have on-site patient navigators at health practices to help clients find a treatment provider.
- **To increase the number of women receiving treatment,** top recommendations were to: add mental health therapy as a covered benefit in the Healthy Texas Women program; extend Medicaid health coverage for eligible moms from 60 days to 12 months postpartum; and have more home visiting options, such as nurses, mental health peer specialists, and postpartum doulas.

Texans with lived experience of maternal mental health challenges provided particularly useful insights in our survey. Among those who faced a maternal mental health challenge themselves, nearly half (43%) said they were **never screened** for maternal mental health challenges.

Also, **only 24 percent** of respondents who experienced maternal mental health challenges said they **were referred for treatment** or other support service.

## RECOMMENDATIONS FOR TEXAS

### Early Detection of Maternal Mental Health Challenges

**Improve early detection of maternal mental health challenges by incentivizing screenings in various settings, enabling tele-consultation between psychiatrists and professionals, and by better equipping professionals to detect and discuss mental health with mothers.**

Texas can improve early detection of maternal mental health challenges with these steps:

1. Promote trainings on maternal mental health challenges to a range of professionals serving new parents, including OB/GYNs, pediatricians, neonatologists, family planning providers, community health workers, home visitors, and Women, Infants, & Children (WIC) staff;
2. Build off of Texas' Child Psychiatry Access Network (CPAN) to establish a perinatal psychiatric access program, which would provide training and teleconsultation with psychiatrists to help more health professionals feel comfortable assessing and managing clients with maternal mental health challenges.
3. Incentivize screenings in more health settings by reimbursing pediatric providers for screenings done at 1, 2, 4 and 6-month well-baby visits, as recommended by the American Academy of Pediatrics.
4. Update state training modules, such as Texas Health Steps online education, with specific guidance for pediatric providers on documenting screening results to preserve a woman's privacy and developing effective referral plans with parents;
5. Incentivize and build capacity for screenings in neonatal intensive care (NICU) by reimbursing NICU facilities for screenings done with moms;
6. Incentivize and build capacity for screenings in NICU settings by updating NICU level of care standards to include a robust screening and referral program as criteria for Level III and IV designation.

### Quick and Effective Referrals to Follow-Up Care

**Enhance referrals to follow-up care through a statewide referral network resource, by tracking screening and referral practices in Medicaid, and by investing in innovative models like CenteringPregnancy and CenteringParenting, Healthy Steps, and Family Connects to build capacity for referrals to care.**

Texas can enhance the likelihood that moms get effective referrals to follow-up care or mental health treatment with these steps:

7. Establish a website and provider toolkits with referral network resources focused on maternal mental health. Referral resources should include mental health providers with expertise in maternal mental health, local and online support groups, home visiting programs, and information about telehealth options, insurance accepted, and whether sliding scale is available;
8. Disseminate information to Texas hospitals to better equip NICU staff -- including neonatologists, social workers, and nurses -- on effective, safe referrals for moms with infants in the NICU. This can include information about Postpartum Support International regional coordinators in Texas who are available to help providers and families find local mental health resources.
9. Add two National Committee on Quality Assurance (NCQA) quality measures that track screening and follow-up for maternal mental health challenges to the list of measures that Medicaid and CHIP health plans report annually;
10. Promote and invest in team-based approaches to women's health and pediatric care -- such as CenteringPregnancy, CenteringParenting, and Healthy Steps -- in order to add capacity beyond traditional health visits, promote discussions around maternal mental health, and increase likelihood of effective referrals;
11. Continue state investments in Texas Family Connects, a short-term nurse home visit program that links nurses with moms with newborns and serves as a touchpoint for early detection of maternal mental health challenges and successful referrals to mental health care.

## Mental Health Treatment and Supports for Families

**Ensure healthier moms and babies through increased access to health coverage in the postpartum year, expanded mental health benefits, and by incentivizing innovative models like Home Visiting, mental health peer supports, and community-based doulas for moms.**

Texas can improve access to mental health care, treatment, and supports for mothers facing maternal mental health challenges with these steps:

12. Extend Medicaid coverage for eligible mothers from 60 days to 12 months postpartum so moms can treat medical and behavioral health conditions before they get worse;
13. Add mental health services, counseling, and the full range of FDA-approved mental health medications as covered benefits in Healthy Texas Women. To ensure success, HHSC should work closely with mental health professionals to recruit providers to join the HTW network;
14. Update pregnancy coverage in CHIP Perinatal insurance to include mental health counseling, behavioral health medications, and office-and facility-based mental health services in order to comply with the federal SUPPORT Act in 2020;
15. Provide new mothers in Medicaid with information about health insurance options on Healthcare.gov since mothers with incomes between 100% and 200% of the federal poverty level may be eligible for discounts to buy health insurance;
16. Implement telehealth policies and flexibilities that have been successful during the COVID-19 pandemic, including ensuring Medicaid, CHIP, and private health insurance regulated by Texas Department of Insurance cover and reimburse for behavioral health services delivered with telehealth, including audio-only services;
17. Increase access to trained birth and postpartum doula services, including through Medicaid coverage of doula services, as a cost effective way to reduce

risks of maternal mental health challenges, facilitate access to follow-up care, and improve maternal health outcomes;

18. Promote maternal mental health trainings for mental health professionals in order to build the expertise of mental health providers to serve the unique needs of moms;
19. Leverage Mental Health Peer Specialists in more settings – such as community health centers, family health practices, and WIC clinics – to offer mental health supports where mothers already go for their care or their baby’s care;
20. Work with HHSC-contracted entities offering continuing education to peer support specialists to develop and promote comprehensive maternal mental health training for peer support specialists to build their expertise to serve moms;
21. Since the type of support a mother needs may vary, continue strong state investments in programs overseen by DFPS Prevention and Early Intervention (PEI) – such as Texas Home Visiting, Project HOPES, Project HIP, and Nurse Family Partnership – to reach more families and communities.

### Priorities

**While the recommendations above are all important, the advisory workgroup, stakeholders, and Texans Care for Children identified the recommendations below as critical steps that Texas must act on swiftly to meaningfully improve the health of mothers and babies:**

- **Promote trainings** specific to maternal mental health to a broad range of professionals serving families and children (see Recommendation #1);
- Build off of Texas’ Child Psychiatry Access Network to **establish a perinatal psychiatric access program** that offers trainings, teleconsultation, and referral services to health professionals serving moms with maternal mental health challenges (see Recommendation #2);

- Incentivize and build capacity for **maternal mental health screenings in more settings**, including NICUs and pediatric care (see Recommendation #3, 4, 5 and 6);
- Establish a **statewide referral network resource** so more professionals know how and where to refer mothers for mental health care or follow-up services (see Recommendation #7);
- **Extend Medicaid coverage** for eligible mothers from 60 days to 12 months postpartum, as recommended by the Texas Maternal Mortality and Morbidity Review Committee, so mental health conditions can be treated before they get worse (see Recommendation #12);
- Implement **telehealth policies for behavioral health** that have been successful during the COVID-19 pandemic (See Recommendation #16).

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