

Maternal Mental Health Conditions

July 1, 2024

KEY TAKEAWAYS

1. There is an overlapping maternal health and mental health crisis in the U.S. and Texas. Untreated maternal mental health conditions substantially impact health outcomes and cause tremendous economic loss.
2. Texas experiences persistent shortages of mental healthcare providers. Programs, such as the Texas Perinatal Psychiatry Access Network (PeriPAN), are one strategy to mitigate the challenges of shortages.

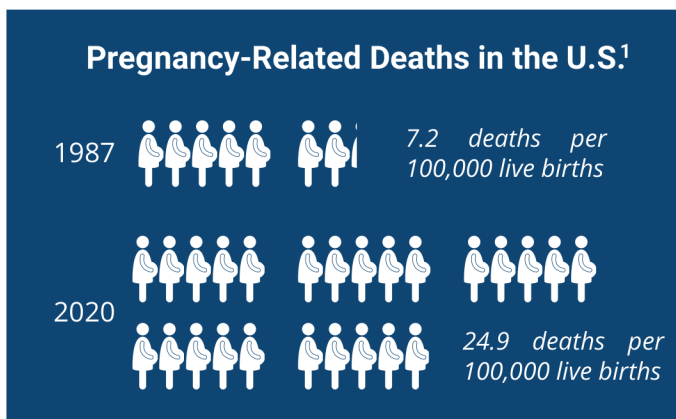
Background

Nationwide Maternal Health and Mental Health Crisis

- Pregnancy-related deaths in the U.S. increased more than **3x** in the last 3 decades, with substantial racial/ethnic and urban-rural disparities.¹

Maternal mental health conditions (MMHCs) are among the most common complications of pregnancy and postpartum in Texas.

- In 2019, MMHCs were the:
 - Most common **underlying cause** of pregnancy-related death (**22%**) in Texas, with **depressive disorder** as the leading mental health condition, followed by substance use, bipolar, and psychotic disorders.²
 - Main **contributing cause** of pregnancy-related death.
 - Mental disorders contributed to **25%** of pregnancy-related deaths.²
 - Substance use disorder (SUD) & SUD-associated mental disorders contributed to **11%** of pregnancy-related deaths.²



Cause of Death: Underlying vs. Contributing

- *Underlying cause of death:* disease or injury that initiated the morbid events leading directly to death or the circumstances
- *Contributing cause of death:* disease or injury that contributed to the fatal outcome



12.6% of Texas women experienced **depression during pregnancy** in 2019.³



14.9% of Texas women experienced **postpartum depression symptoms** in 2019.³

Implications of Untreated MMHCs

Influences on Maternal, Child, and Paternal Health Outcomes

Mothers: worse maternal health outcomes; higher likelihood of cesarean delivery; longer post-delivery hospital stays; and increased risk of suicide.⁴



Children: increased rates of low birth weight or preterm birth; sudden infant death syndrome; behavioral and developmental disorders; injuries; asthma; and obesity.⁴

Fathers: 4%-25% of first-time fathers experienced depression; up to 50% of new fathers with a partner experiencing perinatal depression also experienced depression.⁵

Economic Impacts of Untreated MMHCs⁴



Income Loss & Reduced Economic Input



Increased Healthcare Costs



Increased Use of Public Services & Benefits

In 2019, the total societal cost of untreated MMHCs in Texas in the first 5 years post-delivery was

\$2.2 Billion⁴

Nearly half of these costs were incurred in **Year 0** (from conception through the first year postpartum) and attributable to obstetric complications, pre-term birth, suboptimal breastfeeding & sudden infant death syndrome.⁴

The cost per affected mother-child pair over the first 5 years post-delivery was higher in Texas than the national average.⁴



\$44,000



\$32,000

Mental Health Professional Shortage in Texas to Date

Health Professional Shortage Areas (HPSAs) are areas, population groups, or facilities experiencing shortages of healthcare providers.⁶

13.4 Million

Texans live in mental healthcare shortage areas.⁷

246

out of 254 counties in Texas are in mental health HPSAs.⁸

Less than 1/3

of mental healthcare needs are being met in Texas.⁷

614

more mental healthcare practitioners are needed in Texas.⁷

Mitigation Strategies

To mitigate the challenges of the persistent shortage of mental healthcare professionals in Texas, the Texas Legislature established the *Texas Perinatal Psychiatry Access Network (PeriPAN)* through Section 8 of Senate Bill 8 in 2021 using funds from the American Rescue Plan Act (ARPA).^{9,10}

An extension and enhancement of the Child Psychiatry Access Network, a Texas Children's Mental Health Care Consortium (TCMHCC) initiative targeting behavioral healthcare for children and adolescents.

A clinician-to-clinician program for real-time consultation among mental health experts, reproductive psychiatrists, and medical providers that supports pregnant and postpartum women.

PeriPAN

9-11

Physicians can connect their patients with the best local resources and services by providing consultation for perinatal mental health issues.

Pilot in 4 Texas regions (Central, North, and West Texas + Greater Houston) implemented in 2022, covering 113 counties.

Next Steps

There are additional actions to mitigate maternal mental health conditions.

- Provide sustainable funding for PeriPAN so it becomes a covered service under TCMHCC.
- Continue the 2023 statewide rollout of PeriPAN to reach the remaining Texas counties.
- Strengthen and expand the maternal health and mental health care workforce by:
 - Training providers on culturally & linguistically appropriate care.¹²
 - Training psychiatrists to better comprehend and address the unique, complex dynamics between mothers and their infants.
 - Adding treatment and care coordination provided by obstetricians and other clinicians to Medicaid coverage as a way of filling in the gaps in care that result from the shortage of perinatal psychiatrists.
 - Developing curriculum and establishing specialty training in perinatal psychology within residency programs.
 - Supporting innovative models of increasing the mental health workforce through pipelines such as the new School of Behavioral Health Sciences proposed by UTHealth Houston.
- Strengthen the connections between mental health care-related programs and services to alleviate the challenges for mothers.
- Increase awareness of maternal mental health screening and promote the legislation for mandated screening.¹³
- Support health centers in partnering with patients and the community to develop and pilot models of care delivery that address the clinical and health-related social needs of women from underserved backgrounds.¹⁴
- Advance maternal health and mental health data collection, standardization, harmonization, transparency, and research.¹²

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Suggested Citation

Zhang Y, Berns K, Handler K, Linton R, Menendez T, Lakey D, Babatope T, Elerian N, van den Berg AE, Hoelscher DM. UTHealth Houston School of Public Health, Michael & Susan Dell Center for Healthy Living. July 1, 2024. Maternal Mental Health Conditions. A report of the Texas Research-to-Policy Collaboration Project.