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**New York State Office of Mental Health
Testimony**

**New York Senate Standing Committees on
Women's Issues, Health, Mental Health, and
Social Services Joint Hearing on the State
of Maternal Health**



**Office of
Mental Health**

The New York State Office of Mental Health (OMH) thanks Senators Webb, Brouk, Persaud, Rivera and their respective committees for the invitation to provide testimony on the topic of Maternal Health and the recognition that mental health is an essential component of overall health. We would also like to express our appreciation for the funding that was allocated to collaborate with the Department of Health to study postpartum depression screening tests and to convene the Maternal Mental Health workgroup.

Postpartum Depression (PPD) is a debilitating condition - the most common of all perinatal mood disorders - and according to the Centers for Disease Control in 2020, it affected at least one in eight of the birthing population, with even higher prevalence estimated among some groups impacted by race, socio-economic status, and rural settings. PPD is often unreported and unrecognized, and therefore untreated. With effective screenings, timely referrals and subsequent treatment, pregnancy associated deaths resulting from mental health challenges could be preventable.

With research and action on the following topics, New York State can improve maternal mental health:

- Recognizing risk factors
- Improving screening
- Enhancing an equity focus
- Increasing provider training and supports
- Integrating screening and treatment as a routine part of maternal health

The focused efforts of OMH to study Maternal Mental Health have supported widely shared conclusions that Black, Indigenous, People of Color (BIPOC) are at greater risk of maternal mortality. Socioeconomic factors such as housing instability, food insecurity, lack of insurance, and living in rural communities elevate risk as well. These inequities are also seen in access to treatment and follow up care.

The goal of the Maternal Mental Health Workgroup, established by recently chaptered legislation, was to study and issue recommendations related to perinatal and postpartum mood and anxiety disorders, including racial disparities in maternal mental health outcomes. Systemic factors that Maternal Mental Health Workgroup members shared ranged from there not being clear pathways to mental health care to the need for a greater representation of BIPOC individuals in the workforce. Critical workforce shortages and maternity care deserts drive inequities in health care access across the state. To improve maternal mental health outcomes for New York's most vulnerable populations, these deficiencies must be addressed with targeted and thoughtful action. The full report of the workgroup including recommendations will be released shortly.

Although the use of a validated screening tool is critical, existing tools need improvement to ensure effectiveness across socioeconomic and culturally diverse groups. One example notes a concern related to the wording of screening questions and the potential of them being misinterpreted. Increased screening for perinatal mood and anxiety disorders is needed and should be integrated into routine prenatal and postnatal care using standardized tools. Barriers such as experiences of stigma, untrustworthiness of systems of care, and confusion related to treatment resources further complicate screening. Stigma and fear often can act as a deterrent

for birthing individuals to complete screening protocols even when they are experiencing symptoms.

Screening for depression has not been integrated as a routine part of maternal healthcare. Screening numbers are low and can be further impacted by providers' avoidance to stigmatize their patients as well as a lack of allotted patient evaluation time. Screening should be incorporated into routine care and should include postpartum depression as well as other perinatal mood and anxiety disorders, with a clear understanding of how, when and by whom screenings should be done and should include social needs. We should support providers in developing the capacity to incorporate depression screening as a matter of routine practice.

Following completed screenings, there can also be confusion in referring individuals to care and accessing appropriate, culturally relevant community-based treatment. Emphasizing culturally relevant care and reducing barriers for minoritized populations is critical to improving outcomes and ensuring that all individuals have equitable access to culturally and structurally relevant mental health resources.

Recent legislative efforts to standardize and expand maternal mental health screenings statewide are poised to address many of these concerns. Chapter 644 of the Laws of 2024 directs the Department of Health, in consultation with the Office of Mental Health, to develop and disseminate comprehensive guidance and standards for the integration of maternal depression screenings into routine perinatal care including the establishment of clear protocols regarding the timing and frequency with which maternal healthcare providers should conduct prenatal and postpartum screenings for maternal depression. The emphasis on screening for social determinants of health that may exacerbate maternal depression and stipulation that healthcare providers facilitate timely referrals for appropriate follow up evaluations and effective treatment options represent a significant advancement in the pursuit of improved mental health care outcomes for individuals during and after the birthing process.

Furthermore, progress in this area is also being driven by recent investments. In last year's budget (Fiscal Year 2025), Governor Hochul increased funding to expand the Project TEACH Maternal Mental Health initiative which educates and supports maternal health providers to screen and treat maternal depression and related mood and anxiety disorders during pregnancy and the postpartum period. Project TEACH is a robust collaborative model originally established in 2010 and committed to strengthening and supporting the ability of primary care providers (PCPs) to provide mental health services to children, adolescents, and their families. In 2022, Project TEACH added reproductive psychiatrists who are available via a warmline to immediately speak with and support an OB-GYN or any prescribing practitioner serving pregnant and post-partum individuals. Project TEACH reproductive psychiatrists can be instrumental in assisting medical professions in addressing the risks and benefits of continuation of psychiatric medications during pregnancy - a scenario where the risks of untreated mental illness can be as severe as the potential adverse effects of medication. Additionally, the recent expansion of this program allows for a wider range of front-line practitioners – including doulas, midwives, therapists, WIC staff, home visiting nurses, lactation consultants and other – to get training and support in screening, resource access, and treatment engagement. Providing direct access to Project TEACH for these practitioners who often have longstanding, trusting relationships with perinatal individuals not only

can improve immediate care, but also facilitates timely referrals for additional care and promotes better outcomes for individuals and their families.

Although the New York State Department of Financial Services enacted a regulation in 2019 requiring all New York commercial health insurance policies to cover maternal depression screenings, including screening for the mother under the child's policy, lack of insurance and low reimbursement rates continue to be an issue. Combined with a high administrative burden, insurance status presents another barrier to behavioral health treatment and can often increase disparities in access to care. New York State continues to oversee and enforce parity laws and continues to support the Community Health Access to Addiction and Mental Health Care Project (CHAMP) which advocates for New Yorkers facing insurance obstacles to treatment.

Governor Hochul's proposed budget for Fiscal Year 2026 includes \$1.5 million to integrate behavioral health in OB-GYN offices in underserved communities to improve maternal mental health, providing for vital screenings and access to treatment for pregnant people and new parents through the New York State Collaborative Care Medicaid Program. Similar to the Collaborative Care approach in primary care, implementing measurement-based mental health and substance abuse treatment in OB-GYN offices is critical. Currently, there are 24 OB-GYN practices enrolled in the New York State Collaborative Care Medicaid Program for which OMH provides technical implementation assistance and training to practices who wish to enroll in the program, including education specific to perinatal health needs.

Finally, educating pediatricians in Postpartum mood disorders is very important. Governor Hochul's significant expansion of HealthySteps across the state is accomplishing this. HealthySteps is an evidence-based program that delivers dyadic services to young children, aged zero to three, and their families in a pediatric health care setting, which is non-stigmatizing and offers universal access. The HealthySteps Specialist uses a two-generational approach to promote well-being and address concerns such as screening for family needs, maternal depression, and social determinants.

We are thankful for these investments and OMH is committed to improving Maternal Mental Health in New York State and will continue to assist in removing silos and support expanded integrated treatment while addressing the existing barriers to mental health access and care.