

This fact sheet is intended to provide introductory information in order to support dialogue at the Coming to the Table Conversation convening. It will continue to be updated to support learning and cross-domain communication about family mental health and environmental, health, and economic justice.

What are the connections between maternal mental health (MMH) and workforce development? Expanding the mental health workforce to maximize opportunities for culturally competent care that taps into the resilience of communities has multiple benefits. Mothers will have increased access to care during a nationwide mental health crisis and workforce expansion creates economic opportunities.

KEY MESSAGES

Understanding the Basics about the Maternal Mental Health Crisis

The US is facing a maternal health crisis. Today, a woman is twice as likely to die from complications of pregnancy and birth than her mother was a generation ago. Black and Indigenous women are 2-3 times more likely than white women to die from complications of pregnancy and birth^{1,2}. Recent studies show that suicide and overdose combined are the leading cause of death for mothers in the postpartum period, contributing to the distressingly high maternal mortality rate in the United States. In fact, mental health conditions are the most common complication of pregnancy and childbirth and affect 1 in 5 women or 800,000 people each year².



1 in 5

1 in 5 women are affected by perinatal depression

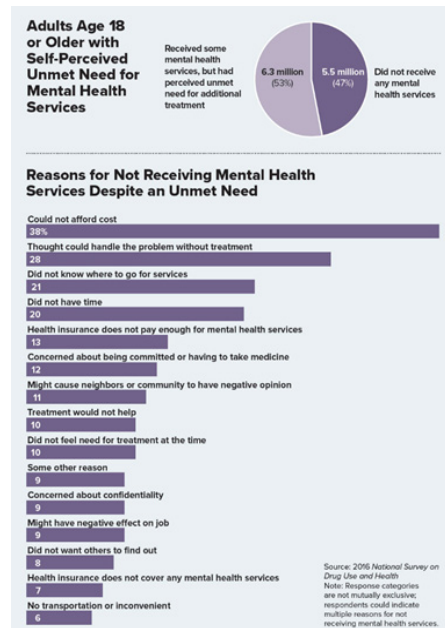
The maternal mental health crisis coincides with a broader mental health crisis in this country. Two out of five adults report symptoms of anxiety or depression. And in both the general population and the subpopulation of mothers, Black and Brown communities continue to have disproportionate access to treatment. At the same time, the health and behavioral health workforce in this country is inadequately prepared to meet the needs of mothers and families. Expanding the availability, diversity, and cultural competence and humility of the health and behavioral health workforce aligns with President Biden's strategy to address the national mental health crisis in the [Unity Agenda](#). This workforce includes community level workers in peer and professional roles.

Ensuring quality maternal mental health services requires an expanded, well-trained, and sustainable workforce – a challenge that requires creative solutions and robust resources.

There are shortages and uneven distributions of mental health care providers in the United States. About two-thirds of primary care doctors report being unable to secure a referral for a patient's mental health care needs³. Minority and lower income mothers have a more difficult time accessing mental health care providers and Black women are half as likely to receive mental health treatment and counseling as white women⁴. COVID-19 exacerbated the mental health care access issue for mothers and families. Mental health care service use by those insured by Medicaid and the Children's Health Insurance Program (CHIP) declined in 2020 despite worse mental health.⁵

In addition to building the capacity of trained and licensed health care providers, evidence suggests individuals benefit from relationships with people who have similar lived experiences and are members of their community, such as community health workers (CHWs) and peer supports⁶. Peer support and community health worker models, which rely on trained community members who deliver services and support, can reduce barriers to screening, support, referral, and treatment^{6,7}.

Even before the COVID-19 pandemic many adults had barriers to accessing mental health care including affordability and not knowing where to go for support. (Image courtesy of the American Psychological Association).



Pre-pandemic workforce shortages have been exacerbated by professional stress and burnout³. Investment in the mental health workforce must consider the health and safety of workers.

The NIEHS Worker Training Program (WTP)

“WTP supports curricula development and training programs throughout the United States to help employers meet requirements under the Occupational Safety and Health Administration’s Hazardous Waste Operations and Emergency Response (HAZWOPER) standard and the U.S. Environmental Protection Agency’s standards for hazardous waste operations and emergency response”⁸. Awardees develop and deliver health and safety training to workers and include labor unions, other worker alliances and organizations, colleges/universities, and small businesses. WTP has trained thousands of workers, including disadvantaged and underrepresented minority workers, across industries including:

- Environmental cleanup workers
- First responders
- Health care workers
- Industrial/construction workers
- Law enforcement
- Transportation/railway workers



Deep South Center for Environmental Justice, with WTP funding, delivering “muck and gut” training to workers in Smith Ridge, Louisiana in September 2021. (Photo courtesy of DSCEJ).

The federal administration highlights mental health goals that can align with brownfields redevelopment and WTP goals, to meet the needs of underserved communities. President Biden’s emerging National Mental Health Strategy⁹ has great emphasis on expanding the mental health workforce which has parallel objectives and methodologies with brownfields workforce development. The President’s strategy includes calls for a national certification program for peer specialists and new approaches to attract and train diverse care providers.

WHAT CAN WE DO?

★ **Policymakers** can explore reimbursement mechanisms beyond Centers for Medicare and Medicaid Services (CMS) for CHWs and peer specialists since these professionals are uniquely positioned to address barriers to care and health disparities. Additionally, CHWs and other peer support specialists may be cost effective as evidence shows that peer support reduces rehospitalization and has other benefits⁷. Massachusetts and New York are already making these workforce investments through the federal authority of 1115 waivers and state plan amendments¹⁰.

★ **Workforce development resources** can be dedicated to transforming both individuals and organizations to meet the needs of a diverse patient population. Workforce development at the individual level means resources for training to respond to family mental health concerns and increase cultural competency and humility. At the organizational level, workforce development includes preparing organizations to recruit, hire, train, develop, support, and retain this expanded workforce. Moreover, frontline workers - who provide services for basic needs and safety and address mental health and its stressors, including contaminated site remediation, food insecurity, and weatherization - urgently need mental health supports.

An area of overlap between policy and workforce development is the opportunity to incorporate general and maternal mental health as part of environmental worker training, such as the NIEHS Worker Training Program, to prepare awardee organizations to better respond to family mental health needs of people within their organizations and the people they serve across the industries receiving training. Workforce development is also part of the Brownfields to Healthfields (B2H) strategy to bring health care access and other basic needs that support mental health to former brownfields.

Case Study: The MOMS Partnership Community Mental Health Ambassador (CMHA)

High rates of major depressive disorders have been documented among women receiving Temporary Assistance for Needy Families (TANF), ranging from 12% to 39%¹¹. Researchers and policy makers have begun to explore the impacts of interventions embedded within TANF programs to address maternal mental health and economic outcomes.

One such intervention is the Mental Health Outreach for Mothers or MOMS Partnership – an innovative, culturally responsive program that was designed to meet the mental health needs of low-income women caregivers. The MOMS Partnership focuses on the delivery of a manualized, group, eight-session, cognitive-behavioral therapy-based group intervention to women in community locations and administered by a clinician and Community Health Worker known as a community mental health ambassador (CMHA). A CMHA is a mother/caregiver from the local community who has extensive knowledge of the local context and has lived experience of navigating challenges to meet her family’s needs. She uses both her personal and professional experience to (a) serve as a liaison between MOMS participants and their community to facilitate access to services and (b) accompany participants in their journey to improved mental health and wellbeing by ensuring the quality and cultural competence of service delivery.

In 2018, MOMS partnered with the Washington, D.C., Department of Human Services (DHS), to deliver services within the broader Temporary Assistance for Needy Families (TANF) system housed at the agency, dubbed as DC MOMS. Agency staff were trained in delivering the intervention. Evaluation results indicated that¹²:

- Most participants, 93%, were satisfied or very satisfied with the intervention
- There was a 26% decrease in perceived stress

Embedding mental health services for mothers in the TANF system also significantly reduced maternal depressive symptoms¹². TANF staff can also deliver services while upholding fidelity to the model. Many TANF programs nationally have clinicians and community health workers who may be eager for additional training and support to better serve mothers with high levels of stress and depression.

Case Study: New Jersey Medicaid Coverage of Doula Care¹³

Doulas are professionals who provide emotional, informational, and physical support to the birthing parent in the time before and after birth¹⁰, and are distinct from midwives who focus on the delivery.



Between 2009 to 2013, 46.2 percent of pregnancy-related deaths occurred in Black women, compared to 26.9 percent in White women⁶.

Evidence shows that doulas are associated with better outcomes for mother and baby because of their ability to connect mothers to resources to reduce the impact of social determinants of health and to advocate for the mother's health before, during, and after delivery¹⁰.

In response to rising maternal mortality rates and racial disparities in maternal mortality, the Governor's office announced Medicaid payment initiatives for doulas in order to improve maternal health and reduce health care costs. The Governor's Budget and Public Law 2019 requires Medicaid coverage for doula care. "Doula care has been shown to reduce cesarean rates, improve birth experiences, and improve birth outcomes. Once doulas receive the community-based doula training from an approved program, they are able to enroll as fee-for-service providers and with Medicaid managed care organizations¹⁴."

New Jersey Medicaid has standard and enhanced levels of doula care eligible for reimbursement:

- Standard care includes up to eight perinatal visits and attendance during labor and delivery
- For members 19 and younger, enhanced care includes 12 perinatal visits and attendance during labor and delivery
- For both standard and enhanced levels of care, there is an \$100 incentive for postpartum, follow-up visits.

Doulas in New Jersey providing care to Medicaid enrollees are trained to provide culturally competent care that supports the diversity of enrollees¹². New Jersey is an example of how policymakers, workforce development organizations that train doulas, and doulas themselves collaborated to meet the health needs - including perinatal mental health - of mothers.

Case Study: Ancient Song Doula Services: Serving women and families in New York City¹⁵

Ancient Song Doula Services is a community-based full spectrum doula organization that offers trainings, workshops, and maternal care to women and communities of color in New York City. Ancient Song provides counseling, peer support, and educational resources, such as classes in childbirth and infant feeding, among other services, to help women throughout preconception, pregnancy, and their childbirth experience.

Through courses like "Know Your Rights," which prepares women to advocate for themselves when receiving care in a hospital, Ancient Song provides tools to help women of color make informed health care decisions and works to address disparities in maternal and infant health as well as health care. In fiscal year 2014-15, 85 percent of women who received care at Ancient Song gave birth vaginally, and 97.5 percent initiated breastfeeding within five days of giving birth. There were zero maternal deaths.

These case studies illustrate how peer specialists are beneficial to mothers' and families' mental health. Policy and workforce development interventions, including those that incorporate the NIEHS WTP and brownfields redevelopment, can meet the need for culturally competent and well-trained workforce.

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