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Testimony to House Public Health Committee on House Bill 253 (Farrar)

NAMI Texas is a nonprofit 501(c)3 organization founded by volunteers in 1984. We are part of the nation's largest grassroots mental health organizations and we exist to help improve the quality of life for individuals with mental illness and their families. Around the state, we have 27 local NAMI affiliate organizations and approximately 2,000 members.

Prevalence of mental health and substance use disorders for new mothers

- One in six new mothers in Texas suffer from perinatal depression.¹
- Around half of parenting teens and low-income mothers experience depressive symptoms.¹
- Over half of women with perinatal depression are not diagnosed.¹
- Thirty-seven percent of low-income mothers with young children who experience a major depressive disorder do not receive any kind of mental health treatment.¹

Mental health and substance use disorders often co-occur. **At least one third of adults with a substance use disorder in Texas also have a mental health condition.**² A person with a mental health disorder may self-medicate with substances, and substance abuse can often worsen a mental health issue. It is critical that we address both mental health and substance use disorders in pregnant women and mothers to ensure successful recovery.

Maternal mortality and Mental health and substance use disorders

Mental health and substance use disorders have a devastating impact on maternal health.

- Women with untreated perinatal depression are four times more likely to visit the emergency room and have 90 percent higher health care costs.¹
- Almost 9 percent of maternal deaths were due to suicide, and 85 percent of these deaths occurred more than 60 days postpartum.³
- **Drug overdose accounted for 17 percent of all maternal deaths, and almost 80 percent of these deaths that occurred more than 60 days postpartum.**³

Untreated mental health and substance use disorders can be deadly for new mothers, but their dangers often do not appear immediately after birth.

Strategic Plan

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NAMI Texas supports this bill because of the critical severe impact untreated postpartum depression and other mental health issues have on women and their families. In addition to the critical need to strengthen provider networks, NAMI Texas supports House Bill 253's focus on improving awareness and decreasing stigma on mental health issues and ensuring expansion of peer support services for this population.

Improving Awareness

NAMI Texas supports the focus on decreasing stigma and improving awareness with both the general public and with providers. Isolation plays a major role in the development of a perinatal mood or anxiety disorder. Having a new infant can make it more difficult to leave the house and connect with one's social networks.⁴ Postpartum depression is often not well understood, and stigmatizing views on mental illness by friends and family can make it more challenging for mothers to receive help.⁴ When this isolation is combined with fear of being labeled as a bad mother, women are reluctant to openly seek help. Women who feel they have validating social networks see an improvement in their symptoms over time.⁴

Peer Support Services

NAMI Texas supports the integration of peer support services for pregnant women and mothers in primary care services. Peer support services are delivered to a person with a serious mental illness or co-occurring mental and substance use disorders by a person in recovery.⁵ This specialized assistance offers social support throughout the treatment process to facilitate long-term recovery in the community. Peer support can help pregnant women and new mothers with mental health conditions understand their condition, access treatment, reduce social isolation, and strengthen social support networks.⁵ Developing peer support services to women with perinatal mood and anxiety disorders would be an asset in reducing maternal deaths related to mental health and substance use issues.

NAMI Texas has been strongly supporting the work of Representative Walle and Senator Powell to create a pilot program to provide peer support services in federally qualified health centers for this purpose, House Bill 2618 (Walle) and Senate Bill 2301 (Powell). These bills complement the strategic plan proposed in this bill by developing a project to determine what these services may look like and determine what best practices would be best for this population.

Recommendation to expand definition

While we strongly support this bill, we also recommend consideration to expand what mental health issues might be covered. The term postpartum depression focuses on depression that begins after birth, and the symptoms may begin prior to birth. Additionally, limiting the definition to depression may cause us to neglect other perinatal mood and anxiety disorders such as anxiety, post-traumatic stress disorder, panic disorder, psychosis, or obsessive-compulsive disorder.

References

1. Texans Care for Children (2017). Alone No More: How Texas Policymakers Can Support Mothers with Perinatal Depression.
2. Meadows Public Policy Institute (2018, March). "Substance Use Disorder Landscape."
3. Maternal Mortality and Morbidity Task Force (2018, September). Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. Texas Department of Health and Human Services.
4. Jones, C.G., Jomeen, J. and Hayter, M. (2014). The impact of peer support in the context of perinatal mental illness: A meta-ethnography. *Midwifery*. 30(5): 491-498.

5. Chinman, M., George, P., Dougherty, R.H., Daniels, A.S., Shoma Ghose, S., Swift, A., Delphin-Rittmon, M.E. (2014, Apr.). Peer Support Services for Individuals With Serious Mental Illnesses: Assessing the Evidence. *Psychiatric Services*. 65(4).