



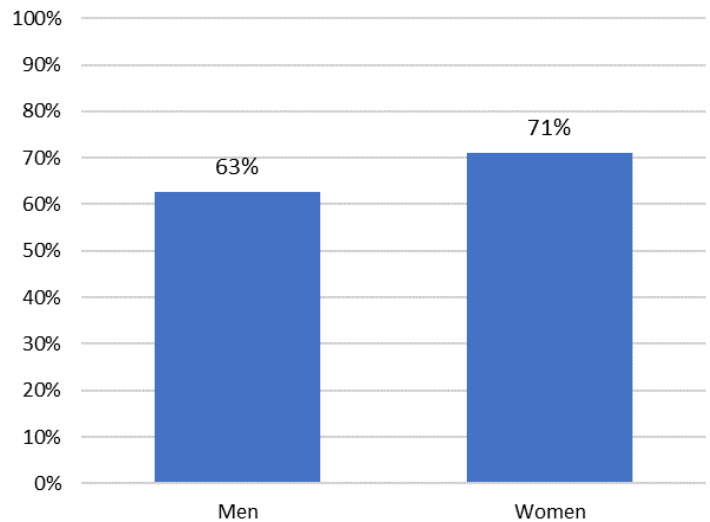
Mental Health Outcomes for Women and Mothers – A Family First Issue

Mental health is the way someone thinks, feels, and behaves. It is a huge factor in overall well-being. It affects our ability to function and perform in various aspects of life. When someone is having mental health struggles, it is not just about sadness or feeling down for a few days. Mental health struggles are serious medical conditions that affect people’s thoughts, feelings, moods, behavior, physical health, and social functioning. The mental health of an individual also has implications for their family and community. There are many factors contributing to mental illness such as genetics, personality traits or childhood experiences. Traumatic experiences like natural disasters, such as a global pandemic, can also create mental health challenges.

Mental disorders affect women and men differently, according to the National Institutes of Health. Certain types of disorders are more common for women, such as depression and anxiety. There are also certain types of disorders that are unique to women, such as perinatal mood disorders. Recent data from the U.S. Census Bureau’s Household Pulse Survey indicates that women are more likely to experience feelings of anxiety than men.

Frequency of feeling nervous, anxious, or on edge in the last two weeks

Source: U.S. Census Bureau Household Pulse Survey, Week 49 (September 14-26, 2022) in Kansas



Perinatal Mental Health

Perinatal mental health disorders include a range of disorders and symptoms, include depression, anxiety disorders, obsessive compulsive disorder, post-traumatic stress disorder, bipolar illness (which may include psychotic symptoms), and substance use disorders. These disorders and symptoms can occur during pregnancy and/or the postpartum period (together often referred to as the perinatal period). These disorders are caused by a combination of biological, psychological, environmental, and social stressors, such as lack of support, a family history, or a previous experience with these disorders.

Signs and symptoms of perinatal mood disorders may include:

- Feeling hopeless, helpless, or worthless
- Lacking motivation, concentration, or energy
- Loss of interest or pleasure in activities
- Feelings of anger, guilt, irritability, rage, or regret
- Feeling easily stressed, worried, or overwhelmed
- Being hypervigilant with baby
- Having scary, intrusive, or racing thoughts

Suicide and overdose combined are the leading cause of death for women in the first year following pregnancy.

Women living in poverty and women of color are more likely to experience perinatal mental health disorders and less likely to get help due to systemic and cultural factors, including lack access to culturally appropriate healthcare; biases in the healthcare system; barriers to care such as lack of transportation or childcare; shame and stigmas; or fear of retaliation from state agencies like child protective services.

The Kansas Department of Health and Environment monitors trends in perinatal mental health using data from the Pregnancy Risk Assessment Monitoring System (PRAMS). Among Kansas women with a live birth in 2017-2019, the latest period for which data is available, the prevalence of self-reported postpartum depressive symptoms was 13.5%. However, disparities exist in this data. White mothers experience a prevalence of approximately 12.5%, while mothers who are Black, Hispanic, multiracial, or other racial identities experience a prevalence of 15% or higher. Further, the prevalence of self-reported postpartum depressive symptoms was significantly higher among:

- Women who were under 25 years old
- Women who had not completed high school or whose highest level of education was a high school diploma/GED
- Women at income levels below 200% of the federal poverty level in the year before the birth
- Women who had been WIC recipients during pregnancy

Policy Solutions

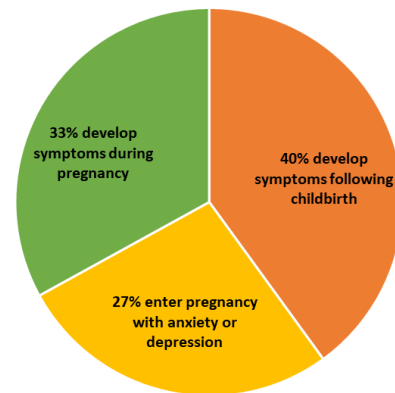
Screening and Intervention

One of the best and most highly recommended ways to improve perinatal mental health outcomes is to increase the proportion of mothers screened for postpartum depression during a prenatal and postpartum visit. According to data from PRAMS, 19% of Kansas mothers reported having depression during pregnancy. Seventeen percent of mothers felt that they needed treatment or counseling for depression after pregnancy and did not get it. Common reasons for not receiving treatment include mothers felt that getting help would be difficult or overwhelming; mothers were worried about the cost of treatment; or mothers didn't have time due to work and childcare commitments.

KDHE recommends universal screening as an optimal approach to detection of new mothers who are suffering from depression following childbirth and follow up interventions to ensure mothers are connected to the services they need. KDHE has [guidance](#) for providers to ensure that screening and intervention are based in evidence and culturally relevant models.

Women who experience anxiety or depression in the perinatal period

Source: Maternal Mental Health Leadership Alliance



of

Medicaid Expansion

Since 1989, federal law requires Medicaid coverage for eligible pregnant women and includes prenatal care, labor and delivery, care for the mother for 60 days postpartum, and care for the infant for the first year of life. Many new mothers—primarily in states that have not expanded Medicaid—lose Medicaid coverage at 60 days postpartum because the income eligibility limit is lower for parents than for pregnant women.

Under the federal American Rescue Plan Act, the Kansas Legislature and Gov. Laura Kelly passed Senate Bill 267 during the 2022 legislative session, which provides funding to the Kansas Department of Health and Environment to extend postpartum services to women. As a result, the state's Medicaid postpartum coverage is expanded from the 60 days following birth to 12 months. Provisions of the law are expected to improve postpartum services of an estimated 9,000 Kansas mothers. A family of 3 must make less than \$39,384 (approximately 170% FPL) to qualify for Kansas Medicaid services geared towards pregnant women. However, there are some problems with this current provision:

- This provision is not a law and is at risk of disappearing in the future under a new administration or other budget priorities. Without this provision in place, women on Medicaid will no longer qualify for this extended support.
- Even with extended support, mothers fall “off a cliff” of support as soon as their baby reaches the one-year mark.

Expanding Medicaid can help ensure that mothers at highest risk for perinatal mental health disorders receive the treatment they need to create healthy environments for their children. Eligibility currently provides no coverage options for adults without a disability and without children under the age of 18, or for adults with children who make more than 38% of the Federal Poverty Level (FPL). Thirty-eight percent of poverty for a family of three was \$695 per month in 2021.

Sources: U.S. Census Bureau Household Pulse Survey, Week 49 | Wisner KL, Sit DK, McShea MC, et al. Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. *JAMA Psychiatry*. 2013;70(5):490-498. doi:10.1001/jamapsychiatry.2013.87 | Taylor (2019). Eliminating racial disparities in maternal and infant mortality. Center for American Progress } KDHE 2021 Kansas PRAMS 2019 Surveillance Report

WHY IS EXTENDING MEDICAID COVERAGE FOR A FULL YEAR important in terms of maternal mental health?

- > Women of color are over-represented in Medicaid enrollment and disproportionately impacted by MMH: almost 50% of low-income mothers report depressive symptoms, and women of color are only half as likely to receive care for postpartum depression as white women.
- > The relatively short 60-day window of Medicaid coverage means that many women neither attend a postpartum visit with their obstetric provider nor are screened or treated for MMH conditions following pregnancy.
- > Even if a new mother starts treatment for postpartum depression, Medicaid rarely covers treatment after 60 days. (Health Affairs article).
- > Many women experience mental health issues far beyond the Medicaid mandatory coverage of 60 days postpartum:
 - The peak incidence of postpartum depression is 3-6 months postpartum.
 - The peak incidence of self-harm is 9-12 months postpartum.
 - Some women experience mood changes upon cessation of breastfeeding or return of menses, often late in the first year postpartum.

SOURCE: Babbs, G, McCloskey, L, Gordon, S. Expanding Postpartum Medicaid Benefits To Combat Maternal Mortality and Morbidity. Health Affairs, January 14, 2021.



This *Family First* series is supported by a grant through the REACH Healthcare Foundation and will challenge us to think what role we can each have in creating a plan of action to preserve the health of women, their families, and the community.