

April 20, 2023

The Honorable Jack Reed
Chairman
Senate Committee on Armed Services
Russell Senate Building, Room 228
Washington, D.C., 20510

The Honorable Roger Wicker
Ranking Member
Senate Committee on Armed Services
Russell Senate Building, Room 228
Washington, D.C., 20510

The Honorable Mike Rogers
Chairman
House Committee on Armed Services
2216 Rayburn House Office Building
Washington, D.C., 20515

The Honorable Adam Smith
Ranking Member
House Committee on Armed Services
2216 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Reed, Ranking Member Wicker, Chairman Rogers, and Ranking Member Smith:

We, the 96 undersigned organizations who represent and care for the health and wellness of mothers, babies, and families, are writing to request inclusion of two reports on maternal mental health in the Fiscal Year 2024 National Defense Authorization Act (NDAA).

Maternal mental health conditions, also known as perinatal mental health (PMH) conditions, are the leading cause of maternal mortality in the United States, with suicide and overdose accounting for over 22% of all pregnancy-related deaths.¹ Despite the high rates of PMH conditions, the majority (75%) of women impacted will not receive treatment, increasing the risk of long-term negative impacts to mother, baby, family, and society.² The cost of not treating these conditions is significant, amounting to \$14 billion each year.³

Service members and their dependents are at increased risk of developing PMH conditions due to unique challenges that come with military service, including the effects of deployment and limited social support. While one in five civilians will develop a PMH condition during pregnancy or in the postpartum period, one in three service members will develop a PMH condition. A May 2022 report by the Government Accountability Office (GAO-22-105136), *Prevalence of and Efforts to Screen and Treat Mental Health Conditions in Prenatal and Postpartum TRICARE Beneficiaries*, found that a total of 41% of TRICARE beneficiaries (active duty, reservists, retirees, and dependents) had a mental health condition in the perinatal period, which is double the national average. Beneficiaries cited barriers in accessing care to address PMH conditions, including stigma, lack of provider availability, and privacy concerns that a diagnosis may affect career advancement.⁴

¹ Trost, Susanna, Jennifer Beauregard, Gyan Chandra, Fanny Njie, Jasmine Berry, Alyssa Harvey, and David A. Goodman. *Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 States, 2017 - 2019*. Centers for Disease Control and Prevention, US Department of Health and Human Services. 2022.

<https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html>

² Metz Torri D, Polina Rovner, M Camille Hoffman, Amanda A Allshouse, Krista M Beckwith, and Ingrid A Binswanger. *Maternal Deaths From Suicide and Overdose in Colorado, 2004-2012*. *Obstet Gynecol*. 2016;128(6):1233-1240.

³ Luca, Dara Lee, Nellie Garlow, Colleen Staatz, Caroline Margiotta, and Kara Zivin. *Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States*. Mathematica Policy Research. April 29, 2019. <https://www.mathematica.org/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states>

⁴ Government Accountability Office. *Defense Health Care: Prevalence of and Efforts to Screen and Treat Mental Health Conditions in Prenatal and Postpartum TRICARE Beneficiaries*. May 23, 2022. <https://www.gao.gov/products/gao-22-105136>

Ensuring adequate care and support for pregnant and postpartum service members and beneficiaries is key to ensuring force readiness. PMH conditions not only impact force readiness and retention for female service members but also male service members, as lack of treatment of mental health conditions leads to increased relationship problems and a higher rate of divorce, leading to social, emotional, and mental impacts on the partner and children.⁵

Thus, we write to request the inclusion of two reports on perinatal mental health, which will help inform new policies and healthcare practices to better support pregnant and postpartum service members and their beneficiaries.

Proposal I: Report on the Military Health System activities to prevent, intervene, and treat perinatal mental health conditions of Members of the Armed Forces and their Dependents.

The first request is for a report with information about the current resources available to prevent PMH conditions within the Armed Forces, including evidence-based programs, the availability of behavioral health providers, and resources for pregnant and postpartum members of the Armed Forces and their dependents at military treatment facilities. Additionally, the report requests information on the status of the proposed Military Health System (MHS) Reproductive Behavioral Health Consultation line proposed in the *White House Blueprint for Addressing the Perinatal Health Crisis*.⁶ The consultation line is a partnership with the Department of Veterans Affairs to allow MHS providers to access no-cost support from behavioral health experts on reproductive mental health issues including pregnancy and postpartum concerns.

Proposal II: Comptroller General Study on the impact of Perinatal Mental Health Conditions of members of the Armed Forces and their Dependents on Military Readiness and Retention.

The second request is for a GAO report that builds off the May 2022 GAO report (GAO-22-105136) that includes additional information about the impact of PMH conditions on military readiness and retention. This report should include data on suicide, suicide attempts, and overdose during the perinatal period; assess the number of members discharged due to a PMH condition and the impact of a PMH diagnosis on career progression; and evaluate policies for retention pathways for promotion.

Both reports are critical to ensure that there is adequate prevention, intervention, treatment, and recovery from PMH conditions for service members and their families. This will not only improve force readiness and retention but will also help save lives and help families thrive.

⁵ Mojtabai, Ramin, Elizabeth A Stuart, Irving Hwang, William W Eaton, Nancy Sampson, and Ronald C Kessler. *Long-Term Effects of Mental Disorders on Marital Outcomes In the National Comorbidity Survey Ten-Year Follow-up*. Soc Psychiatry Psychiatr Epidemiol. 2017;52(10):1217-1226. doi:10.1007/s00127-017-1373-1

⁶ The White House. *White House Blueprint for Addressing the Maternal Health Crisis*. June 2022. <https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf>

Sincerely,

Maternal Mental Health Leadership Alliance
Alpert Medical School of Brown University
American Academy of Pediatrics
American Association for Psychoanalysis in Clinical Social Work
American College of Obstetricians and Gynecologists
American Foundation for Suicide Prevention
American Mental Health Counselors Association
American Psychiatric Association
Arbit Counseling
Association for Ambulatory Behavioral Healthcare
Bethesda Women's Mental Health
Brii Biosciences
Perinatal Project Inc
Emory University School of Medicine
Every Mother Counts
Feed Your Mental LLC
Forward Wellness Counseling and Consulting
Giving Tree Counseling and Coaching
Global Alliance for Behavioral Health and Social Justice
Hand to Hold
Happiest Baby, Inc.
Healthy Mothers, Healthy Babies - The Montana Coalition
HealthyWomen
Heart and Hands Midwifery and Family Healthcare
Hope for HIE
Integrative Therapy of Greater Washington
Indiana University Health
Jennifer Bush-Lawson Foundation
JLM Behavioral Health
Kansas Connecting Communities
Legacy Community Health
Legal Action Center
Lifeline for Families Center and the Lifeline for Moms Program at UMass Chan Medical School
Marce Society of North America
March for Moms
March of Dimes
Massachusetts PPD Fund
Maternal Mental Health NOW
Maternal Wellness Services
Medical University of South Carolina
Mental Health America of Ohio
Military Birth Resource Network and Postpartum Coalition
Mindful Return

Mission: Motherhood
Mom2Mom Global
Moms Mental Health Initiative, Inc
MomsRising
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness
National Birth Equity Collaborative
NHMH - No Health Without Mental Health
North American Society for Psychosocial Obstetrics and Gynecology
Ohana Homefront Foundation
Parent and Childhood Education (PACE)
Perinatal Support Washington
Perinatal Psychiatry Access Network of Texas
Policy Center for Maternal Mental Health
Postpartum Resource Center of New York
Postpartum Support International
Postpartum support International, Alaska Chapter
Postpartum Support International, California Chapter
Postpartum Support Virginia
Queen City Doula, LLC
Reproductive Psychiatry Trainees
Return to Zero: HOPE
RSVP Ob/GYN
Seleni Institute
Seven Starling
Shades Of Blue Project
Shades of You, Shades of Me
SilverCircle, PLC
Society for Women's Health Research
Star Legacy Foundation
The Center for Postpartum Health
The Colette Louise Tisdahl Foundation
The Family Place
The National Trainee Interest Group for Reproductive Psychiatry
The Ohio State University
The University of Vermont Children's Hospital
Therapy for Therapists Collective; College of William and Mary
Trending Joy Counseling and Therapy, PLLC
Tulane University School of Medicine
University of California San Francisco
UMass Chan Medical School/UMass Memorial Health
University of California San Diego
University of Nebraska-Lincoln
University of North Carolina at Chapel Hill
University of Pittsburgh Department of Psychiatry

University of Toronto

University of Vermont Medical Center

University of Texas Southwestern

West Virginia University

What to Expect Project

Women's Therapy & Wellness, LLC

Women's Wellbeing Program, University of Minnesota Medical Center