

March 24, 2020

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health and Human
Services, Education & Related Agencies
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education & Related Agencies
United States Senate
Washington, DC 20510

The Honorable Rosa DeLauro
Chairwoman
Subcommittee on Labor, Health and Human
Services, Education & Related Agencies
United States House of Representatives
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education & Related Agencies
United States House of Representatives
Washington, DC 20515

Dear Chairman Blunt, Chairwoman DeLauro, Ranking Member Murray, and Ranking Member Cole:

As organizations that care deeply about the health and well-being of our nation's women and children, we write to request \$8 million for the Screening and Treatment for Maternal Depression Program and \$10 million in funding for the Pediatric Mental Health Care Access Program at the Health Resources and Services Administration (HRSA) in Fiscal Year (FY) 2021.

Maternal mental health disorders, commonly called postpartum depression (PPD), affect one in five families, making it one of the most common medical complications during pregnancy and the postpartum period. PPD is the most common complication of pregnancy, and maternal suicide exceeds hemorrhage and hypertensive disorders as a leading cause of maternal mortality. Unidentified and untreated, maternal depression can have devastating effects on women, infants, and families.

The Screening and Treatment for Maternal Depression program increases access to screening and treatment for PPD by providing additional resources to states to develop and implement programs tailored to the needs of women and families. By expanding health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal depression, this targeted program allows women and families to access culturally sensitive and competent care targeted to the unique needs of their community. Maintaining these funds will allow the program to continue to build on the success of local programs, and have substantial impact on the women, children and families, struggling with maternal depression.

Research shows pervasive shortages of child and adolescent mental/behavioral health specialists throughout the US. To reduce this severe access barrier, integrating mental health and primary care has been shown to substantially expand access to mental health care, improve health and functional outcomes, increase satisfaction with care, and achieve cost savings. Expanding the capacity of pediatric primary care providers to deliver behavioral health through mental and behavioral health consultation programs is one way to maximize a limited subspecialty workforce and to help ensure more children with emerging or diagnosed mental health disorders

receive early and continuous treatment. The human and economic toll of inadequately addressing childhood mental health problems is significant. Untreated mental health disorders lead to higher rates of family dysfunction, poor school performance and drop-outs, juvenile incarceration, substance use, unemployment, and suicide. In 2016, more than 5,000 young people between the ages of 10 and 24 died by suicide, making it the second leading cause of death in this age group.

Funding for the Pediatric Mental Health Care Access Program will maintain and expand access to behavioral health services in pediatric primary care settings by supporting the development and maintenance of pediatric mental health care telehealth access programs. Funding from HRSA currently supports 21 state pediatric mental health care access programs across the country. These programs support primary care providers in terms of continuing education, specialty mental health referral and behavioral health resource networking, social work co-location, and phone consultation.

As you prepare the FY 2021 LHHS appropriations bill, we respectfully request that you continue to fund these critical programs with robust funding. Thank you for your consideration. Our organizations are grateful to you for your commitment to the mental health and well-being of our nation's families.

Sincerely,

National Organizations:

AIDS Alliance for Women, Infants, Children, Youth & Families
American Academy of Pediatrics
American Association for Psychoanalysis in Clinical Social Work
American Association of Child and Adolescent Psychiatry
American College of Obstetricians and Gynecologists
American Foundation for Suicide Prevention
American Psychological Association
Association of Maternal & Child Health Programs
Association of Women's Health, Obstetric and Neonatal Nurses
Center for Law and Social Policy (CLASP)
Children's Advocacy Institute
First Focus Campaign for Children
Healthy Teen Network
March of Dimes
Maternal Mental Health Leadership Alliance
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association of Pediatric Nurse Practitioners
National Association of State Mental Health Program Directors (NASMHPD)
School Social Work Association of America
Society for Maternal-Fetal Medicine
The National Alliance to Advance Adolescent Health
United Way Worldwide

State Organizations:

American Academy of Pediatrics, California Chapter 3

American Academy of Pediatrics, Illinois Chapter

American Academy of Pediatrics, New York Chapter 1

American Academy of Pediatrics, Virginia Chapter

Children's Wisconsin

New Jersey Association of Mental Health and Addiction Agencies, Inc.