



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

**MASSACHUSETTS MEDICAL SOCIETY
TESTIMONY IN SUPPORT OF
H.2208/S.1411, AN ACT TO ESTABLISH A PERINATAL BEHAVIORAL HEALTH CARE
WORKFORCE TRUST FUND
BEFORE THE JOINT COMMITTEE ON MENTAL HEALTH, SUBSTANCE USE AND
RECOVERY
July 28, 2025**

The Massachusetts Medical Society (MMS) is a professional association of over 23,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of all patients, for a better health care system, and on behalf of physicians, to help them provide the best care possible. The MMS strives for health equity, advocating for vulnerable patients, especially during time most critical to their health. In so doing, we are committed to eliminating disparities in maternal and infant health outcomes for all birthing individuals and families of color. **Accordingly, we support H.2208/S.1411, *An Act to establish a perinatal behavioral health care workforce trust fund***, which aims to expand and diversify the perinatal mental health (PMH) workforce in the Commonwealth.

As physicians dedicated to promoting health equity, we recognize perinatal mental health as one of the most urgent and under-addressed areas in maternal and child health. Perinatal mental health conditions, including postpartum depression, anxiety, and substance use disorders, are the *most common complications of pregnancy and childbirth*, affecting 10–20% of obstetric patients and contributing to up to 20% of maternal mortality through suicide.^{1 2 3 4 5} These conditions, if left untreated, can have

¹ Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol.* 2005 Nov;106(5 Pt 1):1071-83. doi: 10.1097/01.AOG.0000183597.31630.db. PMID: 16260528.

² O'Hara, M. W., & Swain, A. M. (1996). Rates and risk of postpartum depression-A metaanalysis. *International Review of Psychiatry*, 8(1), 37– 54. <https://doi.org/10.3109/09540269609037816>

³ Halbreich U, Karkun S. Cross-cultural and social diversity of prevalence of postpartum depression and depressive symptoms. *J Affect Disord.* 2006 Apr;91(2-3):97-111. doi: 10.1016/j.jad.2005.12.051. Epub 2006 Feb 7. PMID: 16466664.

⁴ Arch Womens Ment Health 2005; 8(2):77–87. doi:10.1007/s00737-005-0080-1

⁵ Orsolini L, Valchera A, Vecchiotti R, Tomasetti C, Iasevoli F, Fornaro M, De Berardis D, Perna G, Pompili M, Bellantuono C. Suicide during Perinatal Period: Epidemiology, Risk Factors, and Clinical Correlates. *Front Psychiatry.* 2016 Aug 12;7:138. doi: 10.3389/fpsy.2016.00138. PMID: 27570512; PMCID: PMC4981602.

profound consequences, not only for the health and well-being of the parent but also for infant development, parent-child bonding, and overall family stability.^{6 7}

Despite the proven effectiveness of psychological interventions such as cognitive behavioral therapy and interpersonal therapy, only a small fraction of those affected by PMH conditions receive adequate care.^{8 9} ¹⁰ Barriers such as stigma, lack of childcare, transportation issues, and an insufficient, unevenly distributed mental health workforce continue to prevent perinatal patients from accessing the support they need.^{11 12} H.2208/S.1411 directly addresses these access issues by investing in the training and education of a culturally competent, multidisciplinary PMH workforce across Massachusetts.

This legislation is especially timely. The 2024 maternal health omnibus bill rightly mandated postpartum depression screening, ensuring more individuals struggling with PMH conditions are identified.¹³ But screening alone is not sufficient; without a robust workforce of trained, culturally competent providers, patients will continue to face long waits and limited options for care. H.2208/S.1411 closes the gap between identification and treatment. Moreover, this bill responds to the 2022 Racial Inequities in Maternal Health Commission's call to grow and diversify the perinatal behavioral health workforce.¹⁴ Research shows that parents of color face higher rates of PMH conditions yet are less likely to receive care due to structural racism, stigma, and a lack of trust in the health care system.¹⁵ By expanding access to professionals who reflect the diverse backgrounds of the communities they serve, we can increase trust, reduce disparities, and deliver more effective care.

As physicians, we see firsthand how unaddressed mental health conditions in the perinatal period can escalate into crises with significant consequences for entire families. We also see the critical role that

⁶ IpS, Chung M, Raman G, et al. Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Rockville, MD: Agency for Health Research and Quality; 2007:130–131

⁷ Gildea J, Molenaar NM, Smit AK, Hoogendijk WJG, Rommel AS, Kamperman AM, Bergink V. Mother-to-Infant Bonding in Women with Postpartum Psychosis and Severe Postpartum Depression: A Clinical Cohort Study. *J Clin Med*. 2020 Jul 19;9(7):2291. doi: 10.3390/jcm9072291. PMID: 32707679; PMCID: PMC7408880

^{8 9} Sockol LE, Epperson CN, Barber JP. A meta-analysis of treatments for perinatal depression. *Clin Psychol Rev*. 2011;31(5):839–49.

⁹ O'Mahen HA, Flynn HA. Preferences and perceived barriers to treatment for depression during the perinatal period. *J Women's Health*. 2008;17(8):1301–9.

¹⁰ Byatt N, Xiao RS, Dinh KH, Waring ME. Mental health care use in relation to depressive symptoms among pregnant women in the USA. *Arch Womens Mental Health*. 2016;19(1):187–91.

¹¹ Goodman JH. Women's attitudes, preferences, and perceived barriers to treatment for perinatal depression. *Birth*. 2009;36(1):60–9.

¹² Dennis CL, Chung-Lee L. Postpartum depression help-seeking barriers and maternal treatment preferences: a qualitative systematic review. *Birth*. 2006;33(4):323–31.

¹³ Chapter 186 of the Acts of 2024. <https://malegislature.gov/Laws/SessionLaws/Acts/2024/Chapter186>.

¹⁴ Final report of the Special Commission on Racial Inequities on Maternal Health <https://malegislature.gov/Commissions/Detail/539/Documents>

¹⁵ MGH Center for Women's Mental Health. Health disparities in the use of mental health services among postpartum women. MGH Center for Women's Mental Health. <https://womensmentalhealth.org/posts/disparities-ppd-screening/>

timely, compassionate, and culturally sensitive mental health support plays in recovery and well-being. Investing in the PMH workforce is also a sound economic choice, with long-term savings in health care, education, social services, and workforce productivity.¹⁶

H.2208/S.1411 is a forward-thinking, evidence-based solution that will help ensure that all parents, regardless of background or zip code, have access to the mental health care they deserve during one of life's most vulnerable periods. For these reasons, we urge a favorable report on this legislation. Thank you for your consideration of our comments.

¹⁶ Howard LM, Khalifeh H. Perinatal mental health: a review of progress and challenges. *World Psychiatry*. 2020 Oct;19(3):313-327. doi: 10.1002/wps.20769. PMID: 32931106; PMCID: PMC7491613.