Improving Mental and Behavioral Health for Women

Problem Statement

Suicide has been a leading cause of death among Nebraska women from 2018 to 2022, with rates ranging from 5.1 to 10.0 per 100,000 women aged 15-44.[1] In 2022 alone, 33 women aged 15-44 died by suicide, a rate of 8.6 per 100,000 women, similar to the U.S. rate of 7.3.[1] From 2018-2022, at least 12% of Nebraska women who had a recent live birth reported experiencing postpartum depressive symptoms.[1] In 2023, hospital discharge data recorded 4,205 hospitalizations among women with depression, highlighting the widespread impact of mental and behavioral health challenges in the state.[1]

Without intervention, women of reproductive age will continue to struggle with mental health conditions and the number of lives lost to suicide will rise. Maternal mental health issues have far-reaching consequences, not only for mothers but also for their children and family systems. Caregiver well-being plays a crucial role in providing the stability and responsiveness essential for a child's healthy development.

Criterion 1: Disproportionate Outcomes Exist Among Subgroups of the Population

Known disproportionate outcomes exist for this problem, though stronger data collection and reporting processes at the state and local level are needed to understand the extent of these disparities. From 2018-2022, in Nebraska, at least 12% of women who gave birth experienced postpartum depressive symptoms,[1] which is a key indicator of mental health conditions. Disparities are evident when this information examined by race (Figure 1).[2]

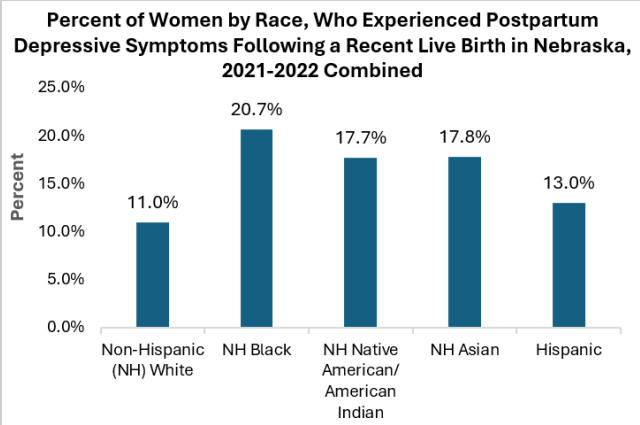

Figure 1. Source: Nebraska Pregnancy Risk Assessment Monitoring System[2]

Gender and disability also play a role in mental health disparities. Using data for 2011-2015, women in Nebraska were nearly twice as likely as men to report a depression diagnosis (22.2% vs. 12.4%).[3] Women also reported feeling mentally unwell more often than men (10.6% vs. 7.0%).[3] Among Nebraskan men and women, American Indian and African American people reported more days of feeling mentally unwell.[3] American Indian people reported the highest burden of depression, with 26% reporting a diagnosis, compared to 18% of White people, 15% of Hispanic people, 14% of African American people, and 8% of Asian people.[3] Individuals with disabilities were over two and a half times more likely to be diagnosed with depression than those without disabilities.[3]

Criterion 2: Strategies Exist to Address the Problem/An Effective Intervention is Available

Effective evidence-based treatment and strategies to address behavioral health are well established in clinical and community settings. The Maternal Child Health Evidence Accelerator database lists 14 strategies to increase maternal mental health screenings.[4] Community-based projects and programs in Nebraska are working to develop the **Behavioral Health Primary Care Integration** intervention, one strategy listed by the MCH Evidence Accelerator**.** This strategy has shown to have an impact on both access and utilization of mental health services. The Nebraska Medical Association currently has an Integrated Healthcare Project in conjunction with the Nebraska Department of Health and Human Services (NDHHS) Division of Behavioral Health to promote integrated models.

Nebraska has programs in all five evidence-based practices that are categorized as "Moderate Evidence Strategies" by the MCH Evidence Accelerator. **Collaborative care models** include partnerships between prenatal care associations and healthcare providers to increase access to timely and effective depression screening. In 2020, the Nebraska Perinatal Quality Improvement Collaborative (NPQIC) received funding

from the Pritzker Children's Foundation and First Five Nebraska for a three-year statewide depression screening and referral project. This initiative aimed to establish perinatal depression screening as the standard of care and to identify statewide treatment referral systems.

Community Health Workers (CHWs) are frontline public health workers who are trusted members of and/or have a culturally responsive understanding of the community served. While the official titles of CHW professionals throughout the community vary, they all provide outreach, education, referral and follow up, case management, advocacy, home visiting services, and data collection with a level of cultural trust that can dramatically improve health outcomes. Social determinants of health (SDOH) are partially responsible for unfair and avoidable differences in health status observed within and between demographic groups. CHWs play a key role in supporting these initiatives to improve provider knowledge and ensure that vulnerable populations receive appropriate care and resources helping close gaps caused by SDOH.

Community partnerships and **universal screening** outline collaborative interventions and policies in conjunction with participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics. Currently, all WIC clinics in Nebraska utilize the Patient Health Questionnaire-4 (PHQ-4) for depression screening.

Criterion 3: Capacity to Address the Problem

As outlined in Criterion 2, Nebraska has a breadth of evidence-based programs and interventions that support the mental and behavioral health of women of reproductive age. Amongst this network, the capacity and support to address the problem is growing. There has been a rise in public awareness and education campaigns focused on crisis and suicide prevention resources and support, most notable is the national 988 crisis line. Hospitals and community organizations are implementing educational programs for both expectant mothers and their families, highlighting the signs and symptoms of maternal mental health issues like postpartum depression and anxiety. Leadership is growing in the private sector with more community-based organizations responding to the maternal mortality crisis, the stark rise in behavioral and mental health concerns, and the harrowing connection between the two issues. Private funders have begun to recognize both issues as priority areas for community development and private investment. The Lincoln-Lancaster County Health Department has established a workgroup to strengthen the presence of CHWs and is currently working with the Nebraska Association of Local Health Directors to establish pathways for reimbursement.

Some mechanisms exist to assist the coverage of mental health services. The 2010 Affordable Care Act (ACA) requires coverage of mental health and substance use services as an "essential health benefit" under most health insurance plans offered in the individual and small group markets. This requirement does not apply to large group markets, but most large group plans do cover these benefits. Additionally, the new Prenatal Plus Program creates additional access points to behavioral health support for individuals utilizing Nebraska Medicaid.

However, accessing care for mental health conditions comes with many barriers, including a workforce shortage. Ninety-five percent (88/93) of Nebraska's counties are considered to have a shortage of behavioral health professionals.[5] As of 2023, twenty-nine counties did not have any behavioral health professionals at all.[5] According to the Kaiser Family Foundation, over 1 million Nebraskans live in a

designated Mental Health Care Health Professional Shortage Area (HPSA).[6] An additional 27 psychiatrists would need to be added to the workforce to remove the HPSA designation. Further, Nebraska's behavioral health workforce is aging, with many professionals nearing retirement age.[5]

Criterion 4: Problem is Worse than the Benchmark or Worsening

National data from Maternal Mortality Review Committees (MMRCs) indicates that mental health conditions were the most frequent underlying cause of death for pregnancy-related deaths in 2020.[7] In Nebraska, suicide has remained one of the top 5 causes of death among women of reproductive age over the last 5 years (2018-2022) with a rate higher than the United States in 2021 (Figure 2).[1] Yet, many women do not seek or receive treatment due to numerous barriers. Nebraska earned a "D" rating on the Policy Center for Maternal Health report, among the bottom 29 states for this measure.[8] The rating reflects a deficit in providers and programs to support individuals who are struggling, and gaps in statewide screening.[8]

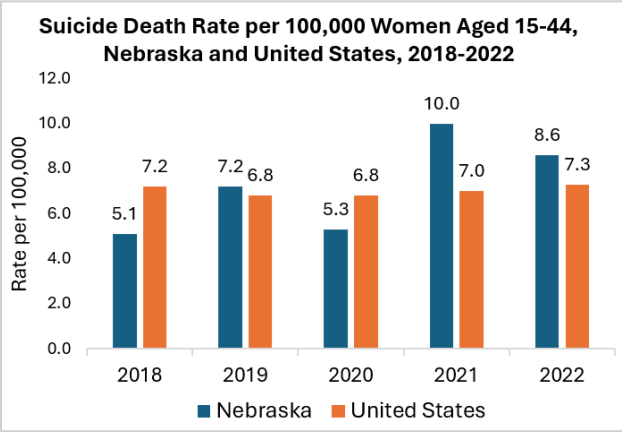

Figure 2. Source: Nebraska Department of Health and Human Services[1]

Those receiving care may get inconsistent messages about preventative measures or whether to continue psychiatric medications during pregnancy. Societal and cultural stigma surrounding mental health may prevent mothers from seeking help, particularly during the vulnerable days after the birth of a child. Untreated mental illness among mothers may have profound consequences for succeeding generations and society and perpetuate long-ingrained detrimental drivers of health.

Criterion 5: Community Readiness to Address the Problem

Programs aimed at educating both healthcare providers and the public about maternal mental health issues are essential. Nebraska's local chapter of Postpartum Support International (PSI-Nebraska) is currently focused on growing membership and strengthening the skills of mental health providers to address issues specific to perinatal mood disorders. In 2024, PSI-Nebraska partnered with the NDHHS to offer their "Components of Care" training to local professionals. Collaborative efforts have worked to raise issue awareness and advocate for policy change to support pregnant and postpartum women. Leaders like NPQIC and First Five Nebraska have specifically worked to improve state policy surrounding screening practices. In 2022, Nebraska Legislative Bill 205 was signed into law. This bill recommended mental health screenings for mothers during and after pregnancy and tasks the Board of Medicine and Board of Nursing with crafting policies with providers around maternal depression screenings.

The Nebraska MMRC has provided seven key recommendations for ways to reduce maternal mortality and morbidity including several strategies specific to behavioral health access.[9] Included within this key recommendation are the following needed strategies: "increase access to mental health care; mental health support: screening, access, resources, and follow-up; improve follow-up for patients that screen positive for mental health concerns; substance use disorder screening, referral, and plan of safe care; [and] substance abuse identification, treatment, and follow up."[8] On a national level, the U.S. Surgeon General issued an advisory on general parental mental health in 2024, highlighting the stressors that impact the mental health and well-being of parents and caregivers, drawing a critical link "between parental mental health and child outcomes."[10]

If this issue is selected as one of the Title V MCH priority needs in 2025, what do you expect this issue to look like five years from now? What kind of progress can you expect for the next five years?

If selected as a priority, the potential five-year impact on the mental and behavior health for women of reproductive age is significant. Ongoing collaboration among healthcare providers, community organizations, and policymakers will be essential to create a comprehensive system that prioritizes the mental health of mothers throughout the state. In five years, Nebraska will have made strides to address maternal mental health and ensure that all mothers have access to the support and resources they need. Stigma around mental health will have decreased, spurring an increase in women seeking needed help. Women of reproductive age will find trusted and accessible resources to help them overcome the sometimes-paralyzing fear and stigma of asking for support as they care for their children. Nebraska will invest in existing evidence-based strategies (integrative care models, CHWs, community partnerships, and universal screening) to strengthen the safety net for women.

References

1. Nebraska Department of Health and Human Services. Nebraska 2025 Title V Needs Assessment – Data Fact Sheets.
2. Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS). Unpublished data. Division of Public Health, Nebraska Department of Health and Human Services.
3. Nebraska Department of Health and Human Services. *Nebraska Health Disparities Report 2020.* Nebraska Office of Health Disparities and Health Equity, Division of Public Health, DHHS; 2020. https://dhhs.ne.gov/Reports/Health%20Disparities%20Report%202020.pdf
4. Burns B, DeFrancis Sun B, Le L, Watson K, Mayer R, Richards J. Well Woman Visit: What Works Evidence Accelerator. Summarizing Effective Strategies for MCH. Strengthen the Evidence for MCH Programs. National Center for Education in Maternal and Child Health, Georgetown University, Washington DC. May 2024. Accessed March 24, 2025. https://www.mchevidence.org/documents/accelerators/Well-Woman-Visit-Evidence-Accelerator.pdf.
5. Behavioral Health Education Center of Nebraska. *Supporting behavioral health across Nebraska*. Published February 2023. https://nebraska.edu/nuforne/marley-doyle
6. Kaiser Family Foundation. *Mental health care health professional shortage areas (HPSAs)*. Published n.d. Accessed February 21, 2025. https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22nebraska%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.
7. Centers for Disease Control and Prevention. *Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 38 U.S. States, 2020.* Published (2024, May 28). May 28, 2024. Accessed February 21, 2025., from https://www.cdc.gov/maternal-mortality/php/data-research/index.html
8. Policy Center for Maternal Mental Health. *Nebraska – 2024 report card*. Accessed March 21, 2025. https://policycentermmh.org/state-report-cards/#viewreportcard
9. Nebraska Department of Health and Human Services, Division of Public Health. (2023, December 31). *Maternal Death Review Team Annual Report*,

https://dhhs.ne.gov/MCH%20Epidemiology/Maternal%20Death%20Review%20Team%20Annual%20Report%202023-12.pdf

10. Office of the U.S. Surgeon General. (2024). *Parents Under Pressure: The U.S. Surgeon General's Advisory on the Mental Health & Well-Being of Parents*. U.S. Department of Health & Human Services. https://www.hhs.gov/sites/default/files/parents-under-pressure.pdf