**Background**

1 in 5 women will experience a maternal mental health (MMH) disorder such as depression, anxiety, or psychosis during pregnancy or within the first year after giving birth. For minority women and those of low socio-economic status, the risk of a MMH disorder is even higher. Fewer than 15% of suffering mothers receive appropriate treatment, due in part to the severe shortage of psychiatrists in California who specialize in medication management for mental health disorders. Scientists note that untreated MMH disorders during pregnancy increase the risk of preterm and low birthweight babies, and can negatively impact not only the mother’s health and family stability, but also infant brain development in the postpartum period. Mental health disorders often run in families, and children of mothers who experience moderate-to-severe postpartum depression have a 7-fold higher risk of developing depression by age 18. The prevalence of mental health disorders in children has been rising. 5.3% of children and teens experience anxiety or depression, and of those, nearly 20% do not receive mental health treatment. And the consequences of depression may be lasting, as 60% of adolescents with depression have recurrences throughout adulthood.

The importance of screening and treatment for mental health disorders has been recognized by leading medical associations. In 2015, the American College of Obstetricians and Gynecologists publicly recommended that clinicians screen perinatal patients at least once for depression and anxiety symptoms, and be prepared to initiate medical therapy, or refer patients to appropriate behavioral health resources. In 2018, the American Academy of Pediatrics recommended universal screening of adolescents and teens 12 and older for depression, as well as guidelines that equip pediatricians with treatment options. Despite these professional guidelines, OB and pediatric providers don’t feel adequately trained on how to treat mental illnesses in vulnerable women and children.

**Current Law**

Under current law, AB 2193 requires obstetric providers including Ob/Gyns, family practice providers and nurse practitioners either offer to screen or appropriate screen patients for maternal mental health disorders at least once during the perinatal period. Additionally, health plans and health insurers are required to create programs to address these disorders.

**This Bill**

This bill seeks to:

- Address the shortage of psychiatrists and increasing prevalence of mental health disorders in mothers and children.
- Support screening providers with a telepsychiatry consultation program which will increase their capacity to diagnose and treat children and pregnant and postpartum women suffering from mental illness.

The bill puts the onus on health insurers/plans to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum women with access to a psychiatrist during standard provider hours, which may include evenings and weekends. The bill would require the consultation to be done by telephone or telehealth video, and would authorize the consultation to include guidance on providing triage services and referrals to evidence based treatment options, including psychotherapy. The health service plan will be required to communicate the availability of the telepsychiatry program to its contracting medical providers at least twice a year, and maintain utilization data to inform improvements to the program.
Assembly Bill 2360
Maternal Mental Health Telepsychiatry Consults

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