AMCHP members and partners:

Mental Health Month 2021 is like no other.

This past year presented challenges and obstacles that tested our strength and resiliency. The horror of the global COVID pandemic, which has claimed nearly 600,000 U.S. lives, our national political upheaval, and our country’s long-overdue reckoning with its deep-seated racism, have forced us to cope with situations we could not have imagined. Many people, including those in the Title V/MCH workforce, who had never experienced mental health challenges found themselves struggling for the first time. And for the millions of Americans living with a diagnosed mental health disorder, the traumas of the past year have been especially acute.

Statistics from MCH populations illustrate the urgency of addressing our nation’s mental health crisis:

- Depression and anxiety impact one in five pregnant and postpartum women.\(^1\)\(^2\) Suicide is one of the leading causes of maternal death in the first year following childbirth.\(^3\)
- Black Americans often receive poorer quality of care and lack access to culturally competent mental health care. Black women use mental health services less regularly than their white counterparts, due in part to lack of insurance coverage, logistical barriers, and distrust of mental health professionals based on historic and present discrimination and bias.\(^4\)
- Of the one in five children aged 3-17 in the US who identify as having a special health care need, over 30 percent report having anxiety problems and 15 percent report having depression. This compares with 3% and 1% respectively for children without special health care needs.\(^5\)

---

\(^1\) Gavin, NI, et al. (2005). *Perinatal depression: A systematic review of prevalence and incidence*. *Obstetrics and Gynecology*
\(^2\) Fairbrother, N, et.al. (2016). *Perinatal anxiety disorder prevalence and incidence*. (2016). *Journal of Affective Disorders*
\(^3\) 2020 Mom. (2021). *Maternal Suicide*
\(^4\) Black Women’s Health Imperative. (2020). *Black women vote: National health policy agenda*
\(^5\) HRSA. (2019). *National Survey of Children’s Health (NSCH) Data Query*
During May, AMCHP joins the national movement to raise awareness about mental health. We are dedicated to fighting stigma, promoting early intervention, and educating the public about the impact of mental illness on individuals and the families who care for them. Advocating for greater federal investment in screening, treatment, and recovery support for individuals with mental illness is also an AMCHP priority. As importantly, AMCHP is committed to achieving behavioral health equity and culturally appropriate care. This is especially important for Black, Indigenous and People of Color (BIPOC), who are at heightened risk for lack of access to quality behavioral health care due to social, economic, and political factors such as racism, sexism, and financial insecurity.

There’s much that MCH advocates can do to normalize mental health care. We encourage you to promote mental health resources within your agencies and among your partners, such as the validated mental health screening tool from Mental Health America. It’s a quick, free, and confidential way for someone to assess their mental health and begin finding hope and healing. We encourage you to explore and promote the many other resources available on “Tools2 Thrive,” the 2021 Mental Health Month website.

We know that mental illnesses are real, and adults and children living with mental illnesses can thrive and live fulfilling lives. We also know that attention to mental health is not limited to one month; it must be a year-round priority.

We can and will move beyond the trauma of the past year and develop long-term strategies to support the mental health of one another and the communities we serve.

Caroline Stampfel, MPH
Interim CEO
Association of Maternal & Child Health Programs

---


7 Curtin. SC. et al. (2019). Death Rates Due to Suicide and Homicide Among Persons Aged 10–24: United States, 2000–2017. NCHS Data Brief