Mental Health and Substance Use in MCH populations: An AMCHP priority

According to the World Health Organization, mental health and physical health are closely associated and as such, there can be “no health without mental health.” Additionally, the Surgeon General’s Report on Alcohol, Drugs, and Health maintains that the prevalence of substance use disorder (SUD), and the associated mortality rate, classifies it as an ongoing national public health crisis. Over 40% of adults with a SUD also have a mental illness, speaking to the need to address both mental health and substance use in order to improve health outcomes for women, children, and families.

Supporting the work of our members in addressing mental health and substance use disorders at the state level – and serving as advocates at the national level – is an AMCHP priority.

Member Experience

AMCHP conducted a scan of the 2019 Title V MCH Services Block Grant annual reports/applications from the 59 US states and territories, which revealed the following:

- 25 jurisdictions identified MH/SUD as one of their priority (most urgent) needs.
- 45 MCH programs recognized mental health/substance use disorder (MH/SUD) as an identified need among women, children, and families in their states.
  - The most common identified need across all population domains was substance use prevention and treatment services (34/45 jurisdictions). The second most common identified need was programs and interventions to address high rates of suicide (22/45 jurisdictions). These needs align with national data on the prevalence of SUD in women of reproductive age, prenatal substance exposure, and suicide rates among women and adolescents.
  - Specific populations with the greatest identified MH/SUD needs are women, including pregnant and postpartum women (27/45 jurisdictions), adolescents (21/45 jurisdictions), and children, including those with special health care needs (16/45 jurisdictions).

AMCHP’s MH/SUD Portfolio

As a membership organization for Title V, AMCHP strives to support its members in integrating systems, enhancing access to services, and convening stakeholders around MH/SUD challenges. AMCHP has multiple projects currently working in this area:

- **The AMCHP Mental Health Team**, which includes representatives from all AMCHP internal teams, is dedicated to building the capacity of Title V programs to address the impact of mental health and substance use disorders; developing resources for AMCHP members and partners; and serving as a voice for MCH populations in the evolving mental health policy arena.

- **Promoting Innovation in State MCH Policymaking (PRISM)** is a capacity-building project to empower Title V leaders and their state and local partners to advance policy that supports the needs of women of reproductive age with substance use and mental health disorders. PRISM is a partnership between AMCHP and ASTHO and is funded through a cooperative agreement with HRSA’s Maternal and Child Health Bureau (MCHB).

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1 According to SAMHSA’s 2018 National Survey on Drug Use and Health, 5.6% of women aged 18 or older have a substance use disorder (SUD); SAMHSA, Center for Behavioral Health Statistics and Quality, 2018 National Survey on Drug Use and Health.

2 Every year 15% of infants are affected by prenatal drug and/or alcohol exposure; National Center on Substance Abuse and Child Welfare: Infants with Prenatal Substance Exposure.

3 For women of reproductive age (ages 15-44), suicide is one of the top five leading causes of death. Among adolescents (ages 10-24), it is the second leading cause of death. (CDC-WISQARS 1981-2017.)
• The Adolescent and Young Adult Behavioral Health Collaborative Improvement & Innovation Network (AYA-BH CoIIN) aims to increase and improve depression screening and follow-up for young people. The CoIIN is a project of the Adolescent and Young Adult Health National Resource Center, a collaboration led by the National Adolescent and Young Adult Health Information Center at the University of California, San Francisco. The project is funded by HRSA’s MCHB.

• The Infant Mortality- Social Determinants of Health Collaborative Improvement & Innovation Network—(IM-SDOH CoIIN) focuses on reducing infant mortality and achieving healthy equity by addressing SDOH. State projects, which span a range of programs and policies, have the potential to improve mental health outcomes for MCH populations. The project is funded by HRSA’s MCHB.

• The Advancing State and Urban Maternal and Child Health Project develops, implements, and supports state Title V programs and comprehensive systems of care to improve the health of MCH populations. A key component of this project focuses on increasing internal capacity to address MH/SUD and providing technical assistance to state Title V programs to address challenges in responding to MCH populations’ mental health/behavioral health needs. The project is funded by HRSA’s MCHB.

• Leadership Lab - Family Leaders is 10-month skills-building program for family members seeking to become future MCH leaders at the state and/or national level. Through the program, family leaders develop their Title V professional networks and expand their knowledge of timely MCH issues, including MH/SUD. The project is funded by HRSA’s MCHB.

AMCHP 2019-2021 Strategic Plan

AMCHP has prioritized MH/SUD organizationally. As a part of its strategic plan, AMCHP is committed to reducing the burden of substance use disorder and unmet mental needs on women, children, families and communities by:

• Developing effective, culturally appropriate prevention and treatment services for MCH populations with mental health and substance use disorders
• Convening MCH and mental health thought leaders to identify and implement sustainable solutions and address challenges/barriers to providing services

AMCHP Contact Information

For more information, please visit the AMCHP website at www.amchp.org or contact the AMCHP Mental Health Team at mentalhealth@amchp.org.

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