

Good Beginnings of Central VT: Testimony to the House Health Care Committee

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Gretchen Elias, Executive Director

- Thank you Chairman Lippert, and everyone on the Health Care Committee, for holding this hearing and giving folks like me the opportunity to speak.
- My name is Gretchen Elias. I am a mother of two school-aged daughters. Since 2016 I have served as Executive Director of Good Beginnings of Central Vermont. On a personal note, I have navigated depression and anxiety during my entire adult life, including during the year after my first daughter was born.
- I'm here today to talk about the effect of the pandemic on the mental health of new parents.
- I'd like to start with a few definitions about what we used to call postpartum depression but are better described as perinatal mood and anxiety disorders.
 - We use the term perinatal because this is not just about the first 1 or 2 months postpartum. New parents can experience mental health challenges during pregnancy or before baby arrives, and during the first 12 months after welcoming a baby into the family.
 - These experiences are more common than we think. Up to 1 in 5 mothers and 1 in 10 dads will experience a PMAD. There is still a great deal of stigma around admitting that you aren't happy as a new parent, and feeling that it's okay to accept help.
 - Symptoms can take many different forms. On a personal level, my own experience was anger and irritability during my daughter's first year of life. I didn't recognize it in part because it felt so different from the depression I had been familiar with before I became a mom.
 - There are three components of treatment for a PMAD¹. The first two are talk therapy and pharmacology. The pandemic has made it so much harder for new parents to access clinical mental health services, which is why I agree with so many of the other advocates you've heard today about more funding for our mental health system and workforce development to address the shortage of professional mental health providers. If there's time, I can share a few anecdotes from Good Beginnings that speak to this.
 - But mostly I want to talk about the third crucial component of treatment for a PMAD - social support. This is what Good Beginnings does - we help connect new parents with community.
 - If you are a parent, think back to those early days with a new baby. Think about the term 'it takes a village.' That phrase is more than just a cliché about childrearing. It's also a powerful statement about the needs of parents and caregivers - new parents in particular.
 - Social support for new parents is a critical component of any treatment plan for a new parent experiencing a perinatal mood or anxiety disorder. It is also a really important

¹ <https://postpartumva.org/types-of-perinatal-mood-and-anxiety-disorders/>

‘first line of defense’ that can help some parents avoid the need to engage with the mental health system entirely. It’s what organizations like Good Beginnings provide.

Which gets me to my first point about the impact of the pandemic. It has decimated new parents’ opportunities for social support. Again, those of you who are parents, think back to those early days. Think about the kinds of things that supported YOU during your children’s first years of life. Playgroups, storytimes, coffee meet ups in kid-friendly locations. Now think about the options available to folks welcoming a baby into their lives now. It is pretty bleak.

My second point is that this is not changing anytime soon. The families that Good Beginnings serves are still making the kinds of difficult decisions that most of us were making during the height of the lockdown. Because they have children under 5, they don’t have the privilege of being in fully vaccinated and increasingly boosted households. As we all embark on this journey to hope and recovery, we need to remember the folks for whom that journey is going to be much longer. Let’s not forget that they also need social connection. They need access to each other, to services, and to the community. And let’s also remember that these are families whose children are too young to be connected to many of the structures or systems that we’ve been using to get pandemic relief resources to folks. They haven’t benefited from the surveillance testing or the access to antigen tests provided by public schools - things that I know have given me a level of comfort and security as a parent.

As a result, more and more expectant and new parents are experiencing mental health challenges. Our partners at Central Vermont Medical Center have noticed in particular an increase in pregnant clients who are reporting prenatal anxiety. And as you already know, there aren’t enough mental health clinicians to meet the growing need. Increasingly, when new parents reach out to Good Beginnings for help, we can’t find a mental health provider with openings. Prior to the pandemic, the local perinatal mental health coalition maintained a list of 15 or 20 local clinicians who were open to a ‘warm referral’ from a coalition member. In our most recent outreach to that group, just five clinicians expressed interest in remaining on the list, and none were able to take on a new client. Recently, Good Beginnings worked with a new parent over the course of several months, providing 10 referrals to mental health providers with expertise treating PMADs. This parent has still not found a therapist with openings who takes her insurance, and she gave us permission to share this quote about her experience:

“I have been left behind in the system. Enough is enough. My daughter is the one who is suffering now as her mother is not who she knows her to be. When I sniffle from a runny nose in the cold- she asks if I am crying. When I am tired, she asks if I am sad. When I hold my head from headache, she asks if I am mad. That’s not okay. That’s not health care. If I had stage 2 cancer, no one would ask me to come back until it was stage 3, right? No one would accept that for a cancer patient, why is it acceptable for poor mental health that will only grow, increase, fester and cause longer lasting effects along with feelings of abandonment by this horrendous System we call healthcare. Thank you for providing a list and for standing up to find me a therapist. It’s time for me to fight back.”

Stories like these demonstrate the need for increased funding for the mental health system and for workforce development to address the supply of professional mental health providers.

But at the same time, that isn't necessarily enough. Based on our experience supporting new parents during the pandemic, Good Beginnings hopes that you will consider the following as you approach your policy making this session:

- **Families with children under 5 remain will not join the ranks of the 'fully vaccinated households' for months to come, or even more.** This past fall, families with school-aged children were able to join the ranks of the 'fully vaccinated.' But those caring for a baby, toddler, or preschooler must still weigh the value of each potential activity or outing against the fact that their household is not yet fully vaccinated. As a community, let's not forget those community members whose 'road to hope and recovery' will take more time, and who will continue to need more in terms of precautions, safety measures, and access to masks, testing, and other mitigation measures in order to participate safely in society.
- **The early years of caregiving are a time when having access to a village is especially essential for mental health.** Please don't overlook the critical role of community and social support programs in promoting family mental health. Universal, non-clinical programs for new parents to connect with each other and with the community play an important role in Vermont's early childhood and family mental health systems. They are also cost effective and can often go a long way to address families' mental health needs before they escalate into a crisis. Because these are universal, preventative programs delivered by community partners, they can easily go overlooked when setting statewide funding priorities. But they are a critical part of the equation. If these opportunities disappear, as many were forced to do during the pandemic, the downstream intensive services will feel the impact eventually. We will all benefit from an intentional focus on ensuring that vibrant community-based options return as soon as it is safe.
- **Having multiple pathways for folks to access mental health services is critical.** One bright spot for us during the pandemic has been the role of the behavioral health specialist on the Community Health Team at Central VT Medical Center (CVMC). She reaches out to everyone birthing at CVMC - regardless of whether they have been flagged as at risk for mental health issues. CVMC and Central Vermont Home Health and Hospice are also launching a new program in which every family birthing at CVMC will be offered a prenatal visit from a home health nurse. We need more universal supports during the transition to parenthood, instead of triaging new parents based on a perception of relative risk. More mental health clinicians who are already familiar faces in our child care centers, at schools, in our pediatric offices. So that they are easy to turn to, in places where families already go, and folks don't have to reach out to an unfamiliar person in a crisis.
- Nationwide, there are significant racial inequities in **maternal child health/maternal mental health** outcomes. For example, studies show that BIPOC mothers are twice as likely as white

mothers to experience a perinatal mood or anxiety disorder - but half as likely to receive treatment.² The nonpartisan national anti-poverty nonprofit CLASP also provides a helpful [overview](#) for policymakers about racial disparities in maternal health outcomes.³ We hope that here in Vermont, in the course of the implementation of Health Equity Act (Act 33), specific attention will be given to addressing racial inequities in maternal mental health and maternal child health outcomes.

Thank you again for taking the time to listen, and for all your hard work on behalf of Vermonters.

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3733216/> and <https://pubmed.ncbi.nlm.nih.gov/15932842/>

³ <https://www.clasp.org/sites/default/files/publications/2020/04/Advancing%20RE%20in%20MMH.pdf>

