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Friday, December 18, 2020

Associate Administrator, Maternal and Child Health Bureau
Health Resources and Services Administration
Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Submitted electronically via email

Re: Request for Information (RFI): Inviting comments and suggestions to inform the Maternal and Child Health Bureau Strategic Plan

The American Psychological Association (APA) appreciates the opportunity to comment on the Maternal and Child Health Bureau's (MCHB) Strategic Plan. APA is the leading scientific and professional organization representing psychology in the United States, with more than 121,000 researchers, educators, clinicians, consultants and students as its members. As such, APA would like to respond to the multiple questions posed in the Request for Information (RFI). Below is a brief summary of our comments for each of the four questions:

1. What do you see as core, critical activities of MCHB? What is most important to continue into the future? Are there things not being done that should be?
 - a. MCHB provides many critical programs, including Healthy Start and Home visiting. However, these programs could **better integrate mental and behavioral health into their approaches, including improved understanding of how to identify and intervene in common mental and behavioral health conditions.**
2. MCHB has responsibility for a wide range of programs and initiatives. How could MCHB help its programs be more effective and successful? Do you see specific untapped opportunities related to one or more programs, populations, or areas of focus?
 - a. MCHB programs could be more effective and successful by **increasing coordination across Federal, state and local agencies** as well as non-governmental organizations in order to better utilize resources and make use of partnerships and coalitions in order to increase the reach of MCHB programs.
3. Thinking about equity, how can MCHB support efforts to eliminate disparities and unequal treatment based on race, income, disability, sex, gender, and geography? How might MCHB guidance, funding opportunities, or partnerships play a role?
 - a. APA applauds MCHB's concern for and focus on health disparities, especially in relation to children's mental health, and **urges MCHB to actively engage communities experiencing health disparities to address those disparities in a culturally competent way.**

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4. Thinking about trends in emerging science, public health, health care, workforce, and technology, what do you see as key opportunities for MCHB?
 - a. **MCHB should fully leverage telehealth technology to reach women and families.**

In response to question 1, APA sees many of MCHB's programs, such as Healthy Start, Home Visiting, and other MCHB programs, as offering essential health promotion, prevention, and intervention opportunities with families. APA believes, however, that these programs could better integrate mental and behavioral health into their approaches. Most common mental disorders, including those with the greatest morbidity, have an onset in childhood or adolescence¹. The effects of lack of access to and utilization of mental and behavioral health services can be seen in the annual cost of mental, emotional, and behavioral disorders in children, which is estimated to be \$247 billion. Childhood mental and behavioral health disorders account for the largest category of spending of health dollars for children². This expense can be mitigated by implementing evidence-based prevention and intervention programs, particularly early in childhood – beginning with infant mental and behavioral health promotion and parenting support. The Healthy Start and Home Visiting programs in particular offer excellent vehicles for strengthening efforts to focus on mental and behavioral health as a part of overall health and well-being. For example, the Healthy Start program currently includes screening for maternal depression but could do more to address infant, family, and maternal mental health broadly. **APA recommends adding mental and behavioral health promotion, prevention, and intervention as a fourth metric for defining success, which would lead programs to strengthen mental and behavioral health as a focus.**

In response to question 2, APA believes MCHB can improve the effectiveness and success of its programs by strengthening coordination across agencies in order to utilize resources more efficiently. Another important way MCHB can improve the effectiveness of its programs is to reduce duplication of activities related to community integration – such as the Community Action Networks, Essentials for Childhood at the Centers for Disease Control and Prevention (CDC), and other Department of Health and Human Services (HHS) programs – and support coalition building and partnerships between community agencies and non-governmental organizations so these coalitions may collectively apply their resources to the implementation of common strategies to improve maternal and child health, including mental health. Beginning in infancy, collaborations across systems, integrated mental and behavioral health services, and parenting consultations, where all children and families access services (i.e., primary/specialty care, schools, early childhood education, child care, and home visiting programs) are

¹ Kessler, R.C. & Wang, P.S. (2008). The descriptive epidemiology of commonly occurring mental disorders in the United States. *Annual Review of Public Health*, 29, 115-129.

² Agency for Healthcare Research and Quality. (2012). *Household Component of the Medical Expenditures Panel Survey*. https://meps.ahrq.gov/data_files/publications/st472/stat472.shtml.

essential^{3,4}. **APA recommends strengthening MCHB's programs by improving coordination across government at all levels as well as between MCHB and its private-sector and not-for-profit partners.**

In response to question 3, APA strongly believes in reducing and eventually eliminating health disparities based on any factor, such as race, income, disability, sex, gender or geography. This is especially important for mental and behavioral health issues, which are often not considered with the same weight as physical health conditions. Mental and behavioral health challenges in children and adolescents vary significantly by race and ethnicity, with higher rates of moderate and severe challenges among Hispanics and African Americans than among non-Hispanic Whites^{5,6}. Some specific ways to reduce health disparities, especially in mental and behavioral health care include:

- Facilitate partnerships among physicians, mental and behavioral health providers, educators, community leaders, government agencies, and families to ensure development and implementation of culturally and linguistically competent and evidence-based prevention, early intervention, and treatment.
- Increase the availability of culturally and linguistically competent mental and behavioral health services accessible to racial and ethnic minorities as well as those experiencing health disparities due to their income, disability, sex, gender, or geography.
- Increase research examining the complexities and intersections of multiple statuses/identities (e.g., socioeconomic, disability and immigrant status) and how these may contribute to health, both physical and mental.
- Foster positive relationships and programs within racial and ethnic minority communities to increase awareness of mental and behavioral health issues and prevent environmental factors that may place individuals at increased risk for physical and mental and behavioral health issues.
- Increase funding for training mental and behavioral health professionals and to train these professionals to become culturally and linguistically competent.
- Develop and implement policy and programs based on psychological and behavioral research ensuring that racial and ethnic minorities are empowered through culturally and linguistically informed and evidence-based strategies.
- Incorporate culturally and linguistically competent guidelines into proposals for programs for racial and ethnic minority children, youth, and families.

³ Woltmann, E., Grogan-Kaylor, A., Perron, B., Georges, H., Kilbourne, A. M., & Bauer, M. S. (2012). Comparative effectiveness of collaborative chronic care models for mental health conditions across primary, specialty, and behavioral health care settings: systematic review and meta-analysis. *American Journal of Psychiatry*, 169(8), 790-804.

⁴ Yu, H., Kolko, D. J., & Torres, E. (2017). Collaborative mental health care for pediatric behavior disorders in primary care: Does it reduce mental health care costs?. *Families, Systems, & Health*, 35(1), 46.

⁵ Alegría, M., Green, J. G., McLaughlin, K. A., & Loder, S. (2015). Disparities in child and adolescent mental health and mental health services in the US. William T. Grant Foundation. Retrieved December 13, 2020 from <https://wtgrantfoundation.org/library/uploads/2015/09/Disparities-in-Child-and-Adolescent-Mental-Health.pdf>.

⁶ Kataoka, S. H., Zhang, L., & Wells, K. B. (2002). Unmet need for mental health care among US children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159, 1548-1555.

- Increase collaboration across federal funding organizations involved in racial and ethnic minority resiliency research.⁷

APA recommends MCHB use all tools at its disposal to address health disparities caused by race, income, disability status, sex, gender, and geography by implementing evidence-based, culturally competent approaches tailored to each community.

In response to question 4, APA suggests that MCHB fully leverage existing and emerging telehealth capabilities to connect with women and their families utilizing MCHB's various programs. During the COVID-19 pandemic, we have seen an unprecedented increase in the need for and use of telehealth services, especially in the health care space, including mental and behavioral health care. Research has shown that tele-mental health care works, often cases just as well as face-to-face visits, and many telehealth users are satisfied with their care and the fact that they do not have to leave their home in order to receive it – cutting out lengthy commutes and the potential need to find temporary child care⁸. **APA recommends utilizing telehealth services where possible in order to increase the reach of MCHB programs and continue to engage with women, their children and their families.**

APA again thanks you for the opportunity to comment on MCHB's strategic plan. If APA can be of any further assistance, please contact Sophie Friedl, Director of Congressional and Federal Affairs, at SFriedl@apa.org.

Sincerely,



Katherine B. McGuire
Chief Advocacy Officer

⁷American Psychological Association. (2017) "Health Care Reform: Disparities in Mental Health Status and Mental Health Care. Retrieved December 13, 2020 from <https://www.apa.org/advocacy/health-disparities/health-care-reform.pdf>.

⁸ Abrams, Z. (2020, July). How well is telepsychology working? Monitor on Psychology, 51(5). <http://www.apa.org/monitor/2020/07/cover-telepsychology>