Supporting Mothers with Mental Illness: Postpartum Mental Health Service Linkage as a Matter of Public Health and Child Welfare Policy

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ABSTRACT: Through our work in youth advocacy as, respectively, legal and public health professionals, we are all too aware of the high levels of health care fragmentation experienced during pregnancy and postpartum by poor, young mothers of color. Meredith Matone's research highlights the heightened risk of fragmentation for girls with histories of child welfare involvement. For example, she found that 66.7% of young mothers who had resided in out-of-home placements and who had taken antipsychotic medication prior to becoming pregnant failed to fill prescriptions for antipsychotics in their first postpartum year. Put another way, two-thirds of these vulnerable young mothers—a far higher proportion than young mothers without histories of child welfare involvement—were not getting the treatment that they needed to care for themselves and their children. The very real consequences of this phenomenon can be seen in the experiences of Jesse Krohn's clients, several of whom have their stories told here.

Treatment discontinuity, particularly during the transition to parenthood, places mothers at risk for poor health outcomes and maladaptive parenting approaches; threatens the health and safety of infants; and triggers child welfare involvement. This article explores the negative consequences and root causes of treatment discontinuity, as well as particularized population vulnerabilities for treatment discontinuity including, as noted, involvement with child welfare. It will also provide public health and child welfare policy solutions for reducing treatment discontinuity and improving mental and physical health outcomes for new mothers and infants.

The population of mothers at highest risk for postpartum treatment gaps is not small: more than 40% of Medicaid-financed births to young women aged 15 to 24 occurred in mothers who had a childhood relationship to the child welfare system. It is unacceptable to be aware of the pervasiveness of this problem, particularly among intersectionally vulnerable women, and not deploy a targeted and evidence-based preventative and remedial response.

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