

## Maternal Mental Health in Vermont

### Maternal Mental Health Matters

Nationwide, up to twenty percent of women experience clinical depression during or after pregnancy, and maternal mental health disorders affect nearly 20% of mothers each year<sup>i</sup>. Left untreated, these disorders can have lasting impacts on women’s well-being, family stability, and children’s development<sup>ii</sup>. Untreated maternal mental health disorders are estimated to cost the U.S. \$14.2 billion annually<sup>iii</sup>. Yet when communities invest in supporting maternal mental health, families can experience increased stability, and children can experience healthy social-emotional development and positive cognitive outcomes<sup>iv</sup>. An investment in maternal mental health means healthier, economically secure families, thriving babies and children, and flourishing communities.

### The Mental Health Burden in Vermont

There are over one-hundred thousand adults in Vermont with a mental health condition<sup>v</sup>, which is roughly 16% of the total population<sup>vi</sup>. For twenty-seven thousand of those, their mental health condition is serious<sup>vii</sup>. In total, thirty-thousand Vermonters did not receive needed mental health care, and about a quarter of those didn’t get that care because of cost<sup>viii</sup>. When we look closer at maternal mental health, we see that more than 25% of birthers experience mental health challenges. The Vermont Department of Health is tracking a rise in mood and anxiety disorders before and after childbirth, from around 20% in 2014 to 25.2% in 2020<sup>ix</sup>. According to an analysis conducted by Mathematica in 2023, untreated PMADs cost Vermont about 48 million dollars for the timeframe of pregnancy through 5 years postpartum<sup>x</sup>. Part of this financial loss can be attributed to an increased likelihood of absenteeism, presenteeism (or lost productivity at work), and unemployment, which all contribute to a decline in workforce participation<sup>xi</sup>. In Vermont, just the productivity loss due to untreated maternal mental health challenges is estimated to be roughly 12.5 million dollars from birth through age five<sup>xii</sup>.

Score cards describing services and gaps in services are produced each year by [The Policy Center for Maternal Mental Health](#). The State of Vermont scored a “C” in 2024, meeting only nine out of eighteen criteria analyzed<sup>xiii</sup>. Although the state meets the Policy Center’s ratio for both prescriber and non-prescriber providers to perinatal population, a great stride towards accessibility, the state does not have any inpatient, outpatient intensive, or partial hospitalization maternal mental health programs<sup>xiv</sup>. Vermont has also received an “F” sub-score under the “Screening & Screening Reimbursement” criteria for the state’s performance on prenatal and postpartum depression screening<sup>xv</sup>. These gaps are evidence of a deficit in a continuum of necessary maternal mental health services across the state, with obvious financial barriers to addressing them.

### A Solution That Works

The MOMS Partnership (MOMS) offers a solution to close these gaps, leveraging existing social service infrastructure to deliver maternal mental health interventions in communities most in need. MOMS is relatively low-cost to implement, it increases the mental health workforce by training peer Community Mental Health Ambassadors, and MOMS consistently demonstrates positive mental health outcomes for participants, including decreased depression and anxiety symptoms and increased social support.

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<sup>i</sup> <https://policycentermmh.org/mmh-disorders>

<sup>ii</sup> Reeves, R. V., & Krause, E. (2019). The effects of maternal depression on early childhood development and implications for economic mobility. Washington, DC: The Brookings Institution.

<sup>iii</sup> <https://publichealth.gwu.edu/2024-maternal-mental-health-state-report-cards-released>

<sup>iv</sup> Rogers A, Obst S, Teague SJ, et al. Association Between Maternal Perinatal Depression and Anxiety and Child and Adolescent Development: A Meta-analysis. *JAMA Pediatr.* 2020;174(11):1082–1092. doi:10.1001/jamapediatrics.2020.2910

<sup>v</sup> <https://www.nami.org/wp-content/uploads/2023/07/VermontStateFactSheet.pdf>

<sup>vi</sup> <https://www.census.gov/quickfacts/fact/table/VT/PST045223>

<sup>vii</sup> <https://www.nami.org/wp-content/uploads/2023/07/VermontStateFactSheet.pdf>

<sup>viii</sup> <https://www.nami.org/wp-content/uploads/2023/07/VermontStateFactSheet.pdf>

<sup>ix</sup> <https://www.healthvermont.gov/media/news-room/news-release-vermont-works-address-growing-rate-pregnancy-related-mental-health>

<sup>x</sup> <https://www.healthvermont.gov/media/news-room/news-release-vermont-works-address-growing-rate-pregnancy-related-mental-health>

<sup>xi</sup> <file:///C:/Users/dam237/Downloads/VT-PMAD-Issue-Brief-2023.pdf>

<sup>xii</sup> <file:///C:/Users/dam237/Downloads/VT-PMAD-Issue-Brief-2023.pdf>

<sup>xiii</sup> <https://policycentermmh.org/state-report-cards/#viewreportcard>

<sup>xiv</sup> <https://policycentermmh.org/state-report-cards/#viewreportcard>

<sup>xv</sup> <https://policycentermmh.org/state-report-cards/#viewreportcard>