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EDITORIAL

Let Duxbury tragedy be a warning: Postpartum mental health care needs to be a priority

Every woman who gives birth in Massachusetts should be screened for maternal mental health disorders, and those who show symptoms need access to treatment that is affordable and culturally appropriate.

By **The Editorial Board** Updated January 27, 2023, 3:33 p.m.



The backyard playground swing set with children's toys at the home where 32-year-old nurse Lindsay Clancy allegedly killed two of her children. Clancy wrote on Facebook that she had struggled with postpartum anxiety. DAVID L. RYAN/GLOBE STAFF

This editorial has been updated with breaking news.

The horrific tragedy in Duxbury — in which 32-year-old nurse Lindsay Clancy [allegedly](#) murdered two of her young children and strangled a third (who died on Friday), then jumped out a second-floor window — has spurred overdue conversations about postpartum mental health. Clancy wrote on Facebook that she had struggled with postpartum anxiety, the Globe reported.



Lindsay Clancy. FACEBOOK

One in five women will experience a mental health disorder during pregnancy or in the first year following childbirth, [according to](#) the Maternal Mental Health Leadership Alliance, a nonprofit dedicated to maternal mental health advocacy. This includes illnesses like depression, anxiety, and, rarely, psychosis. Postpartum mental health disorders are caused by biological, psychological, and environmental factors and can affect mothers and fathers.

Every woman who gives birth in Massachusetts should be screened for maternal mental health disorders. Those who show symptoms need access to affordable and culturally appropriate treatment.

In Massachusetts, organizations are doing yeoman's work to improve access to postpartum mental health care. Yet the system remains inadequate. Stigma prevents parents from seeking treatment, screenings are not universal, and there are not enough clinicians to provide timely, affordable care.

The stigma around mental illness has existed for decades and is often worse for new mothers, who fear having their child removed or simply being seen as a bad mom. Former Amherst state Representative Ellen Story spearheaded the creation of a commission on postpartum depression in 2010 to combat that stigma. "It's been a problem forever because people wouldn't take it seriously," Story said. "Physicians just didn't know about it."

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The Ellen Story Commission on Postpartum Depression has focused mainly on raising awareness. Yet many barriers remain in addition to stigma that prevent parents from seeking help. National studies [suggest](#) that half of women with postpartum depression go undiagnosed.

State officials and advocates have focused on increasing screenings, but data are murky on how often screenings occur. The latest Department of Public Health report found that in 2019, doctors submitted an insurance claim for a postpartum depression screening in only 22.9 percent of deliveries. Other credible estimates are higher, but to advocates the bottom line is that not enough women are being screened.

And once someone is diagnosed, obtaining care is challenging, despite tools like state and national parent [hotlines](#). As with mental health care [generally](#), there are not enough clinicians and many don't take insurance or only take a certain type of insurance.

The Massachusetts Child Psychiatry Access Program, which offers consultations and resources to physicians treating patients with postpartum mental health disorders, has become a national model. But the program's associate medical director Leena Mittal, who is chief of women's mental health at Brigham and Women's Hospital, said there are simply not enough specialized mental health professionals to see every person who needs care.

"There's a real challenge in navigating the system to find mental health care, especially care that's culturally responsive, available with openings, accepts an individual's insurance, and is available at a time a busy parent and caregiver can be available to see a provider," Mittal said.

Legislative bills aim to address these issues. Representative Carole Fiola, a Fall River Democrat, is seeking to require MassHealth to cover postpartum depression screenings

at pediatricians' offices for a year after a child's birth, up from six months. While a woman typically has one obstetrician visit after childbirth, a healthy baby typically has seven pediatrician visits their first year.

Democratic Representative Brandy Fluker Oakley, of Boston, and Senator Joan Lovely, of Salem, filed legislation to create two grant programs. One would fund programs that grow and diversify the workforce of perinatal mental health providers who focus on women in the months before and after birth, focusing on recruiting students who will work in underserved areas, like rural areas or communities with racial disparities in maternal health outcomes. The second would fund perinatal mental health care programs, also focused on communities with the greatest need.

A focus on racial inequities is important because Black women are twice as likely as white women to experience postpartum mental health disorders but half as likely to receive treatment, [according to](#) the Maternal Mental Health Leadership Alliance. Department of Public Health data found that Hispanic birth parents screened for postpartum depression were more likely than Black or white parents to show symptoms.

Jamie Belsito, a former Topsfield state representative and the founder of the Maternal Mental Health Leadership Alliance, suffered from postpartum anxiety and obsessive-compulsive disorder after the birth of her children in 2010 and 2013. She said her doctors did not discuss mental health and brushed off her concerns. "My thoughts were 'I just want to go to bed and die,'" Belsito recalled.

She said that there has been some progress since then, but talk about postpartum mental health still isn't consistent in doctors' offices. She still gets phone calls from people seeking help because of her contacts in the field. And she believes access to care is not "universally accessible." "It's "like a dealer's choice" whether a doctor screens or not, she said.

The consequences of postpartum disorders can be tragic. When the Department of Public Health's Maternal Mortality and Morbidity Review Committee last reviewed files of

pregnancy-associated deaths — 69 deaths between 2012 and 2014 — [it found](#) that more than half those women had a mental health diagnosis.

Maternal mental health disorders are temporary and treatable. It shouldn't take a tragedy like the deaths in Duxbury for lawmakers, doctors, and insurers to prioritize saving the lives of women — and their children — by destigmatizing mental health conditions, identifying them, and ensuring every parent gets the help they need.

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