

MMHLA
Maternal
Mental Health
LEADERSHIP ALLIANCE



PERINATAL MENTAL HEALTH Advocacy Toolkit

INTRODUCTION

This Toolkit is designed to help perinatal mental health (PMH) advocates understand the importance of their voices in raising awareness and influencing public policy to better support the mental health of women and other birthing people during the perinatal timeframe (during pregnancy and year following pregnancy).

Recognizing that advocacy and lobbying may sound scary or feel overwhelming, this Toolkit provides information and tools to empower advocates to tell their stories effectively, to build an advocacy network, and to put advocacy into action. Worksheets are provided so advocates can build their own Toolkits with items such as talking points, scripts for telephone calls, sample emails and letters, and more.

Individuals and organizations for whom this Toolkit is designed include:

- > Individuals with lived PMH experience.
- > Family and friends impacted by PMH.
- > Medical providers and affiliated medical professionals who interact with perinatal people.
- > Mental health providers who treat people experiencing PMH conditions.
- > Nonprofit organizations providing services supporting perinatal people.



DEFINITIONS / TERMINOLOGY

Perinatal mental health (PMH) conditions are the most common complication of the perinatal timeframe (i.e. pregnancy and year following pregnancy), affecting 1 in 5 birthing and perinatal people. This Toolkit will use the abbreviation “PMH” throughout.

Frontline providers are medical practitioners providing obstetric, pediatric, primary, or psychiatric care including doctors, midwives, and advanced care practitioners such as physician assistants and nurse practitioners.

Affiliated professionals are those who interact with individuals during the perinatal timeframe, such as lactation consultants, doulas, community health workers, childbirth educators, peer support specialists, and home visiting professionals.

Mental health providers include psychiatrists and psychiatric nurse practitioners who can prescribe medication, as well as those providing therapy and counseling such as psychologists, psychotherapists, licensed counselors, and social workers.

While this Toolkit includes numerous opportunities to advocate in person, the COVID-19 pandemic requires flexibility in adopting these strategies. While in-person meetings are temporarily suspended, technology allows advocacy to continue with phone calls, emails, letters, video-conferences, and virtual Congressional briefings and Advocacy Days.

MATERNAL MENTAL HEALTH (MMH)

KEY POINTS

- > Maternal mental health (MMH) conditions are the most common complications of pregnancy and childbirth, affecting 1 in 5 women (800,000 women each year in the United States).¹⁻³
- > MMH conditions include depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness (which may include psychotic symptoms), and substance use disorders.¹⁻³
- > The “baby blues” are a normal period of transition affecting up to 85% of new mothers in the first 2-3 weeks after baby is born. Baby blues typically include emotional sensitivity, weepiness, and/or feeling overwhelmed. Baby blues resolve without treatment.⁴
- > MMH conditions are caused by a combination of changes in biology, psychology, and environment.⁴
- > Women at increased risk of MMH conditions are those who have a personal or family history of mental illness; lack social support, especially from their partner; experienced a traumatic birth or previous trauma in their lives; or have a baby in the neonatal intensive care unit.^{1,4}
- > Suicide and overdose are the leading causes of death in the first year postpartum, with 100% of these deaths deemed preventable.⁵⁻⁷
- > All parents — including fathers, partners, and adoptive parents — can experience changes in mood when there is a new baby in the household.^{8,9}

1/5



women will experience MMH conditions during pregnancy or first year following pregnancy¹⁻³



of women who experience MMH symptoms go untreated¹⁰

Cost of not treating MMH conditions is \$32,000 per mother-infant pair (adding up to \$14 billion nationally)¹¹



SIGNS & SYMPTOMS

DEPRESSION	ANXIETY
<ul style="list-style-type: none"> • Feeling hopeless, helpless, or worthless • Lacking motivation, concentration, or energy • Loss of interest or pleasure in activities • Feelings of anger, guilt, irritability, rage, or regret 	<ul style="list-style-type: none"> • Feeling easily stressed, worried, or overwhelmed • Being hypervigilant with baby • Having scary, intrusive, or racing thoughts • Feeling keyed up, on edge, restless, or panicked

Women experiencing MMH conditions might say...

- Having a baby was a mistake.
- I'm not bonding with my baby.
- I'm afraid to be alone with my baby.
- I'm exhausted, but I can't sleep, even when my baby sleeps.
- I'm such a bad mother; my baby would be better off without me.

WOMEN AT INCREASED RISK

Women living in poverty and women of color are **MORE** likely to experience MMH conditions and **LESS** likely to get help due to:^{12, 13}

- Lack of access to healthcare, including culturally appropriate mental health care
- Cultural and racial biases in the healthcare system
- More barriers to care, such as lack of transportation or childcare
- Fear that child protective services or immigration agencies will become involved



TERMINOLOGY

Perinatal: ~2-year timeframe from conception to baby's first birthday

Antenatal or Prenatal: During pregnancy

Postpartum or Postnatal: First year following pregnancy

The following terms are used interchangeably to describe the mental health conditions women experience during pregnancy and the first year following pregnancy:

- Postpartum depression (PPD) has long been used as an umbrella term encompassing mood changes following childbirth
- Antenatal / prenatal / perinatal / postnatal depression and anxiety
- Perinatal mood disorders (PMDs) or perinatal mood and anxiety disorders (PMADs)
- Maternal mental health (MMH) challenges / complications / conditions / disorders / illnesses / issues

FACT SHEET

CONSEQUENCES OF UNTREATED MMH CONDITIONS

Untreated MMH conditions can have long-term negative impact on mother, baby, and entire family.

MOTHER	CHILD
<p>Women with untreated MMH conditions are more likely to:^{4, 14-17}</p> <ul style="list-style-type: none"> • Not manage their own health • Have poor nutrition • Use substances such as alcohol, tobacco, or drugs • Experience physical, emotional, or sexual abuse • Be less responsive to baby's cues • Have fewer positive interactions with baby • Experience breastfeeding challenges • Question their competence as mothers 	<p>Children born to mothers with untreated MMH conditions are at higher risk for:^{12, 16-19}</p> <ul style="list-style-type: none"> • Low birth weight or small head size • Pre-term birth • Longer stay in the NICU • Excessive crying • Impaired parent-child interactions • Behavioral, cognitive, or emotional delays <p>Untreated mental health issues in the home may result in an Adverse Childhood Experience, which can impact the long-term health of the child.²⁰</p>



Parents who are depressed or anxious are more likely to:

^{15,16}

- > Make more trips to the emergency department or doctor's office
- > Find it particularly challenging to manage their child's chronic health conditions
- > Not follow guidance for safe infant sleep and car seat usage

Most maternal mental health conditions are temporary & treatable.

STEPS TO WELLNESS¹⁷

LOWER COST
LOWER BARRIER

Self-Care

sleep, nutrition, exercise, time off

Social Support

from friends, family, doulas, home-visiting programs, or support groups

Therapy/Counseling

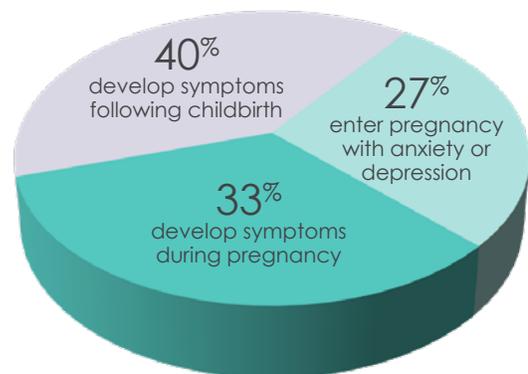
Medication

HIGHER COST
HIGHER BARRIER

Editorial Team

A multidisciplinary editorial team provided input for this Fact Sheet representing the fields of obstetrics, pediatrics, nursing, psychiatry, psychology, and public health. Team members from MMHLA are Adrienne Griffen, MPP; Pooja Lakshmin, MD; Kelly Sheppard, PhD; and Terri Wright, PhD, MPH. Additional editorial team members include Nancy Byatt, DO, MBA; Wendy Davis, PhD; Sue Kendig, JD, WHNP; Tiffany Moore Simas, MD, MPH; and Debra Waldron, MD, MPH.

Of women who experience anxiety or depression during pregnancy or first year of baby's life²¹



Citations

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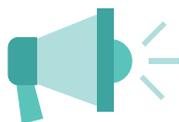
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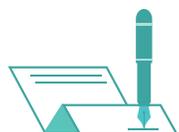
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NEED HELP?

If you or a loved one are suffering a perinatal mental health condition, contact:



POSTPARTUM SUPPORT INTERNATIONAL

postpartum.net
1-800-944-4773



PART 1

Advocacy Overview

Introducing Advocacy

Identifying Advocates

Building an Advocacy Network

Identifying Advocacy Opportunities

Being Prepared

Telling Your Story



INTRODUCING ADVOCACY

WHAT IS ADVOCACY?

Merriam-Webster	➔	The act or process of supporting a cause or proposal.
Collins Dictionary	➔	Publicly recommending an action or plan.
Wikipedia	➔	An activity by an individual or group that aims to influence decisions within political, economic, and social institutions.

Simply put, advocacy is raising awareness and providing information about an issue.

WHY IS ADVOCACY IMPORTANT?

Effective advocacy raises awareness about a situation **and** offers a solution to a problem. Advocacy has two important goals:

- 1 Providing policymakers with information so they can create and implement effective legislation, policies, and regulations.
- 2 Raising public awareness about an issue, which in turn provides pressure to address the issue.

Learn more about the Power of Advocacy from the American Public Health Association: bit.ly/poweradvocacy

WHAT ARE SOME EXAMPLES OF ADVOCACY?

EDUCATE

- Write an op-ed, letter to the editor, or article.
- Meet with an elected official to share information, such as a new study about PMH issues.

ORGANIZE

- Form a network of people with similar interests.
- Organize an advocacy day.

SPEAK UP

- Attend a town hall meeting with a local elected official and ask questions.
- Share information on social media.

TRAIN

- Host a webinar about the impact of PMH conditions in the community.
- Teach others how to advocate.

**THE BOTTOM LINE:
ADVOCACY IS EDUCATION** 

IDENTIFYING ADVOCATES

ANYONE CAN BE AN ADVOCATE

The most effective advocates can speak confidently about an issue, highlighting facts and figures while including a personal story. Advocates for PMH include:

- > **Individuals** with lived experience with PMH conditions.
- > **Family and friends** of those impacted by PMH conditions.
- > **Frontline providers and affiliated providers** who interact with birthing people and new parents.
 - **Frontline providers** are medical practitioners providing obstetric, pediatric, primary, or psychiatric care including doctors, midwives, and advanced care practitioners such as physician assistants and nurse practitioners.
 - **Affiliated providers** are those who interact with individuals during pregnancy and first year following pregnancy, such as lactation consultants, doulas, community health workers, childbirth educators, peer support specialists, and home visiting professionals.
- > **Mental health providers** who treat individuals experiencing PMH conditions, including psychiatrists and psychiatric nurse practitioners, as well as those providing counseling services.

Advocates are the **subject matter experts** in a particular issue: they provide information, knowledge, and experience. Advocates are necessary in advancing efforts to address a particular problem.

INDIVIDUALS WITH LIVED EXPERIENCE

Individuals with lived experience with PMH condition, along with their family members, are important advocates as their stories add a personal touch and humanize the issue. Good places to find these advocates are:

- > **Postpartum Support International** state chapter or volunteers (postpartum.net).
- > **State organizations addressing maternal health**, such as Maternal Mortality Review Committees and Perinatal Quality Collaboratives.
- > **Local organizations that address maternal health**, such as midwifery or doula services.
- > **Local hospitals**, which often provide support groups for new parents or those experiencing PMH conditions.

ALLIED ADVOCATES: NONPROFIT & PROFESSIONAL ORGANIZATIONS

- CAPPA (doulas, lactation consultants, childbirth educators)
- DONA International (doulas)
- March of Dimes
- Mental Health America
- National Alliance on Mental Illness
- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Nurse Midwives
- American College of Obstetricians & Gynecologists
- Association of Women's Health, Obstetric, and Neonatal Nurses

THE BOTTOM LINE: ANYONE CAN BE AN ADVOCATE 

BUILDING AN ADVOCACY NETWORK

No need to go it alone! Use this worksheet to identify members of an advocacy team.



NAME	AFFILIATION	CONTACT INFORMATION
INDIVIDUALS WITH LIVED EXPERIENCE		
FAMILY AND FRIENDS IMPACTED BY PMH		
FRONTLINE AND AFFILIATED PROVIDERS		
MENTAL HEALTH PROVIDERS		
ALLIED ADVOCATES		

IDENTIFYING ADVOCACY



ADVANCED ADVOCACY OPPORTUNITIES

- > Create a social media campaign.
- > Host a briefing at the state legislature.
- > Organize an Advocacy Day, either in person or virtual.
- > Write a letter to your legislator and invite other like-minded organizations to join as co-signors.

TIPS: ADVOCATING FOR PERINATAL MENTAL HEALTH (PMH) ISSUES

- > **Include numbers.** How many people in your community are impacted? What does untreated PMH cost your community?
- > **Add a personal story.** Did you, or someone you love, experience a PMH condition? What was the worst part of this experience? What was essential in recovery?
- > **Keep it brief.** Practice telling your story. Hit the high points.
- > **Find a "hook."** Find a way to connect with your audience.
- > **Highlight disparities.** Include information about how PMH conditions disproportionately impact individuals of color and individuals who live in poverty.

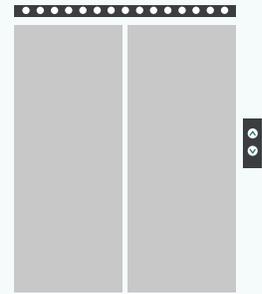
BEING PREPARED

Every advocate for PMH should be prepared at a moment's notice to talk about key issues with stakeholders, including community members, legislators, board members, and reporters.

Two important elements of advocacy are the **elevator speech**—a short message, typically 30 seconds or less—and **talking points**. These two items form the basis of any advocacy work and can be used in a variety of situations, including talking with a reporter, meeting with policymaker, or drafting an op-ed. Creating, memorizing, and practicing the elevator speech and talking points will make any advocate feel more comfortable and knowledgeable.

SAMPLE ELEVATOR SPEECH

"Mental health conditions, such as depression and anxiety, are the **MOST COMMON** complications of pregnancy and childbirth, affecting 1 in 5 new mothers (or birthing people). These illnesses disproportionately impact people of color and people who live in poverty. All new parents should be educated about and screened for these illnesses and have equitable access to resources for recovery."



SAMPLE TALKING POINTS

It's not just postpartum. It's not just depression.

- > PMH conditions can occur anytime during pregnancy or the first year following pregnancy.
- > PMH conditions include depression and a range of anxiety disorders.
- > PMH conditions disproportionately impact individuals of color and individuals who live in poverty.
- > Suicide and overdose are a leading cause of death for women in the first year after pregnancy.
- > We all know someone—mother, daughter, grandmother, spouse, sister, best friend, next-door-neighbor, co-worker—who has experienced PMH. We just don't talk about it.

Cost of untreated PMH conditions.

- > Untreated PMH conditions can have long-term negative impact on parent, baby, and family.
- > The cost of NOT treating PMH conditions is \$32,000 per parent/infant pair in lost wages and productivity of the mother and addressing the poor health outcomes of the parent and child.
- > PMH conditions cost our country \$14 billion each year.

PMH conditions are temporary and treatable.

- > Those impacted by PMH conditions usually recover with a combination of self-care, social support, therapy, and medication.
- > Those impacted by PMH conditions usually resume a normal lifestyle upon recovery.

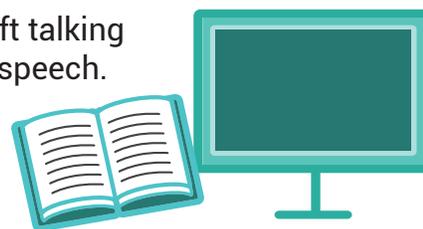
Here's how you can help:

- > To a new parent: Ask new parents how they are doing. Let them know that they are not alone and that help is available. Connect them with Postpartum Support International (postpartum.net).
- > To a legislator or staff member: Include information about a specific call to action.

THE BOTTOM LINE:
PMH IS ALL ABOUT THE HEALTH OF PARENTS AND BABIES

BEING PREPARED

Use this page to help craft talking points and the elevator speech.



GATHER DATA ABOUT YOUR STATE

1	Number of births in my state Check the CDC's list of births by state: bit.ly/birthsbystate	
2	Number impacted by perinatal mental health conditions Multiply row 1 x 0.20 (or 20%)	
3	Number impacted who remain untreated Multiply row 2 x 0.75 (or 75%)	
4	Cost of untreated perinatal mental health conditions Multiply row 3 x \$32,000	
5	Local resources <ul style="list-style-type: none"> • PSI Chapter: psichapters.com • Perinatal psychiatry access program: bit.ly/psychaccess 	
6	My talking points <ul style="list-style-type: none"> • Why PMH is important to me. • Facts and figures I can share. 	

TELLING YOUR STORY

Advocacy, in its most basic sense, is education. And one of the most effective means of educating is storytelling. Personal stories, told in conjunction with facts and figures, make the most compelling cases. Some settings call for a brief story ("I had postpartum depression and it changed my life") while other settings call for more details. Successful advocates can read their audience and be able to tell their stories based on the target audience.



Use this page to help tell your story.

Why I am an advocate for PMH:	
For those with PMH lived experience: My PMH story <ul style="list-style-type: none">• How I felt• How I recovered• What I wish had been different• The worst and best part of this experience	
For other advocates: <ul style="list-style-type: none">• Did someone you know or love experience a PMH condition? What was the impact?• In your work, what story strikes you the most?	

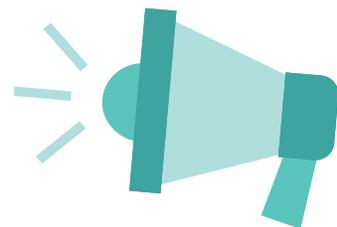
PART 2

Advocacy and Lobbying

Introducing Lobbying

Advocacy vs. Lobbying

By Organization Type



INTRODUCING LOBBYING

Advocacy encompasses many different kinds of activities to raise awareness about an issue or promote a cause or idea. Lobbying refers to activities addressing a specific legislative policy.

PMH advocates can and should participate in both advocacy and lobbying. Both are necessary to raise awareness about PMH and to influence programs and policies to help those impacted by PMH conditions.



IMPORTANT TO KNOW

An **INDIVIDUAL** can participate in unlimited advocacy, lobbying, or endorsing.

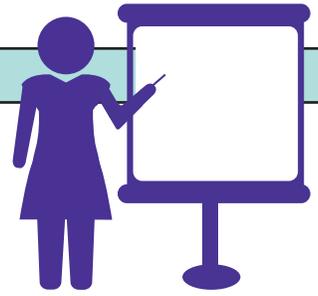
An **INDIVIDUAL** working on behalf of an **ORGANIZATION**:

- Can participate in any amount of advocacy on behalf of the organization.
- Can participate in some limited amount of lobbying on behalf of the organization.
- **CANNOT** endorse a political party or candidate on behalf of the organization.

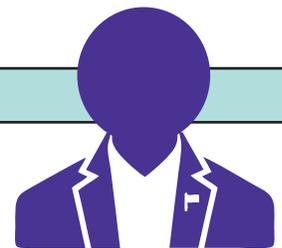
	ADVOCACY	LOBBYING
Definition	<ul style="list-style-type: none"> • Public support for or recommendation of a particular cause or policy • The act or process of stakeholders sharing information or opinion about a cause or proposal • Activity by an individual or group aiming to influence decisions within political, economic, and social institutions • Arguing in favor of a cause or idea • Speaking up for or against something 	<p>A subset of advocacy that includes:</p> <ul style="list-style-type: none"> • direct communication to elected official or staff • on a specific piece of legislation • call to action <p>DIRECT LOBBYING: Asking organization members or colleagues to contact elected officials to support or oppose particular legislation.</p> <p>GRASSTOPS LOBBYING: Asking influential and/or connected individuals to contact elected officials on particular legislation.</p> <p>GRASSROOTS LOBBYING: Asking members of the public to contact elected officials to support or oppose particular legislation.</p>
Goal	Ensure people have their voices heard.	Exert influence for a specific piece of legislation in a decision-making body.
Examples	Emailing, calling, or meeting with elected officials and/or their staff to educate them about an issue.	Circulating a sign-on letter asking legislators to support a specific piece of legislation.
BOTTOM LINE	Providing education about an issue	Encouraging action on specific legislation

ADVOCACY VS LOBBYING

ADVOCACY	EXAMPLES
Educate the public on a specific issue, but not encouraging people to take a specific position or action.	Host a community meeting to discuss your program.
Raise awareness on a specific issue.	Host a screening of a movie or a TED Talk about PMH.
Provide advice or comments to a government agency that submitted a formal request for technical assistance or advice.	Provide comments to the Centers for Medicare & Medicaid Services on the Core Set of Adult Health Care Quality Measures, encouraging inclusion of performance measures about screening for prenatal and postpartum depression.
Educate a member of Congress about the effects of a policy on a specific constituency.	Host a member of Congress at your organization so that he/she may see firsthand how federal funding or a policy affects day-to-day operations and its impact on the community.



LOBBYING	EXAMPLES
DIRECT: Provide specific advice to a legislator on a specific piece of legislation.	Ask a member of Congress to introduce, amend, or vote for or against specific legislation.
GRASSTOPS: Ask individuals of influence to contact a legislator to take a specific action.	Include a public influencer in a Congressional briefing. Ask leaders of Perinatal Psychiatry Access Programs to email their Senators encouraging specific funding for a Maternal Mental Health Hotline.
GRASSROOTS: Call on the public to take a specific action.	Generate an online petition (or sending a mass email) asking members of the public to contact legislators regarding specific legislation.



THE BOTTOM LINE:
ADVOCACY AND LOBBYING ARE NOT DIRTY WORDS

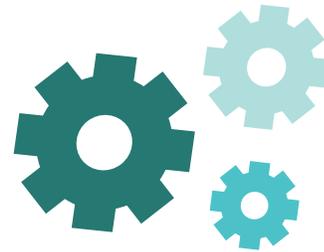
BY ORGANIZATION TYPE

ADVOCACY AND LOBBYING

Depending on where you work, you might face limits on the amount of advocacy or lobbying you can do. Recall that individuals acting in their personal capacities and with their own resources may engage with policymakers in all branches of government to provide expertise and advocate for specific actions. However, individuals working on behalf of an organization – especially a government agency, an academic institution, or a non-profit organization – often face specific limitations on advocacy and lobbying. It is extremely important to recognize the distinction between advocating as a private citizen versus advocating as a representative of your institution.

TIPS

- Know the difference between lobbying and advocacy.
- Follow the rules and requirements of your institution.
- Follow the rules and clauses that accompany your funding.
- Keep a record of your activities and actions.



GOVERNMENT	ACADEMY	NON-PROFIT
Advocacy and lobbying in an official capacity is generally prohibited. However, government employees can engage in advocacy while off duty and not acting in an official capacity.	Lobbying depends on the institution's policies and practices, especially if the institution receives public funding.	Advocacy and lobbying are allowed but limited by IRS guidelines, which can be confusing. According to the IRS: "A 501(c)(3) organization may engage in some lobbying, but too much lobbying activity risks loss of tax-exempt status."
Can advocate as a subject matter expert, such as providing expert testimony.	Can advocate as a subject matter expert, such as providing expert testimony.	Can advocate as a subject matter expert, such as providing expert testimony.
Advocacy and lobbying by federal government employees are governed by the Hatch Act (bit.ly/hatchact20).	Can present findings or opinions in academic journals, letters to the editor, op-ed pieces, and blogs.	Can present findings or opinions in academic journals, letters to the editor, op-ed pieces, and blogs.
	Cannot use restricted funding for advocacy or lobbying.	Cannot use restricted funding for advocacy or lobbying.
	May advocate through professional organizations, such as American Psychiatric Academy.	May advocate through professional organizations, such as National Council of Nonprofits.
	Can respond to requests for information or public comment.	Learn more at the National Council of Nonprofits (councilofnonprofits.org).
	Learn more: bit.ly/academy-lobby	

PART 3

Legislators and the Legislative Process

Identifying Legislators

Identifying Additional Champions

**Understanding the
Legislative Process**



IDENTIFYING LEGISLATORS

WHO IS A LEGISLATOR?

The federal tax code defines a legislator as any member or employee of a legislative body or government office who may participate in the formulation of legislation. This includes:

- > Elected members of federal, state, or local legislative bodies such as United States Senators and Representatives, members of the state legislature, and members of local governing bodies such as county commissioners.
- > Legislative staffers.
- > Government employees in the executive branch who participate in the formulation of legislation.

ABOUT LEGISLATORS, THEIR STAFF & THEIR OFFICES



GOALS: Most elected officials recognize they work for their constituents and are typically eager to meet with individuals from their community, stay up-to-date about issues that impact their constituents, and support programs and legislation that will benefit those they serve. However, elected officials balance many competing interests, including party politics, fiscal responsibility, and campaigning for re-election.



CALENDAR: All legislative bodies have a calendar that includes time when the legislature is in session (legislators meet to create, discuss, and vote on legislation) and in recess (legislators return to their home districts). Legislators typically have more time to meet with constituents (either virtually or in person) during recess when they are in their home offices. Meetings with legislators when they are in session should be confined to discussing pending legislation.



STAFF: Legislators rely heavily on their staff to meet with constituents, research issues, and prepare legislation. An important step in advocacy is cultivating relationships with key staff members. They are gatekeepers and trusted advisors to their legislator; they can help identify legislative and funding opportunities; and they can connect constituents with other significant stakeholders. U.S. Senators and Representatives have relatively large staffs (5-10 people), with staff members in both Washington and their home District. Most have a staff member dedicated to health issues; this person is typically the key contact for PMH advocacy. State elected officials typically have only 1-2 staffers, while local elected officials usually have no staff.



OFFICES: U.S. Senators and Representatives have multiple offices: one in Washington on Capitol Hill and at least one in their District. Office space at the U.S. Capitol is often small, dark, crowded, and cluttered, with limited meeting space. State elected officials may not even have official office space. If meeting in person with a legislator or staff member, be prepared to meet in unusual places (while walking from one meeting to another, in the hallway outside their office, at a coffee shop).

IDENTIFYING LEGISLATORS

 <p>FEDERAL</p>	<p>At the federal level, each state is represented by two Senators and at least one Member of the House of Representatives. The two Senators represent the entire state without regard to geography. The members of the House of Representatives are elected based on geographic districts.</p>
 <p>STATE</p>	<p>At the state level, each district is represented by one Senator and one Representative. Both are elected based on geography.</p>
 <p>LOCAL</p>	<p>At the local level, there are many different elected officials, such as the mayor, city or county board, and school board.</p>

FIND YOUR ELECTED OFFICIALS at live.cicerodata.com

MY ELECTED OFFICIALS

AREA	POSITION	NAME AND PARTY	CONTACT INFORMATION
F E D E R A L	U.S. Senator		
	Key Staff Member		
	U.S. Senator		
	Key Staff Member		
	U.S. Representative		
	Key Staff Member		
S T A T E	Governor		
	Key Staff Member		
	State Senator		
	Key Staff Member		
	State Representative		
	Key Staff Member		

IDENTIFYING ADDITIONAL CHAMPIONS

LEGISLATORS

Identifying additional legislators who are receptive to PMH is important. Potential legislative allies include legislators who:



Are mothers or parents of young children



Are medical providers or mental health providers



Sit on committees addressing health, public health, or insurance



Sit on committees that oversee budget, most often Appropriations

Remember that all states, except Nebraska, have bicameral legislations with both a House and a Senate. Advocates can and should reach out to legislators in both chambers, regardless of party affiliation.

OTHER STATE OFFICIALS AND ORGANIZATIONS

In addition to legislators, additional champions include individuals from:

- > **Executive Branch departments and personnel** overseeing healthcare, public health, mental health and substance use, maternal-child health programs such as Maternal Infant Early Childhood Home Visiting (MIECHV) and Title V programs, and insurance, including Medicaid.
- > **Maternal Mortality Review Committees (MMRCs)**, which perform comprehensive review of deaths among women during and following pregnancy. MMRCs include representatives from public health, obstetrics and gynecology, nursing, midwifery, forensic pathology, mental health, patient advocacy groups, and community-based organizations.
- > **Perinatal Quality Collaboratives**, which are state or multi-state networks of teams working to improve the health of mothers and babies.
- > **Universities and colleges**, especially individuals focused on maternal-child or mental health.
- > **Non-profit organizations**, such as the March of Dimes, YWCA, and service organizations like Junior League.
- > **Professional medical organizations**, many of which have state or local chapters, such as the American College of Obstetricians & Gynecologists and the American Academy of Pediatrics.
- > **Mental health organizations**, such as the National Alliance on Mental Illness and Mental Health America.



IDENTIFYING ADDITIONAL CHAMPIONS

TYPE	NAME	ORGANIZATION	CONTACT INFO
G O V E R N M E N T			
A C A D E M Y			
N O N P R O F I T			

UNDERSTANDING THE LEGISLATIVE PROCESS

ACTION	LEGISLATIVE ACTIVITY	ADVOCACY OPPORTUNITIES
Bill Drafting	<ul style="list-style-type: none"> Legislators draft language for a bill or for an amendment to a bill that has been introduced. 	<p>Advocates can educate legislators about an issue, suggest introducing a bill on a specific issue, or suggest proposed language for a bill.</p>
Bill Introduction or Sponsorship	<ul style="list-style-type: none"> Legislators introduce a bill on a specific issue or co-sponsor a bill introduced by a colleague. Obtaining a large number of co-sponsors on a bill, especially if the co-sponsors are from both political parties, helps garner attention for an issue. 	<p>Advocates can show support of a bill (and the legislator) by sharing information on social media, issuing a press release, or writing / emailing the legislator's office.</p> <p>Advocates can encourage other legislators to sign on as co-sponsors of the bill.</p>
Committee Action	<ul style="list-style-type: none"> Bills are assigned to committees of relevant jurisdiction. Most of the work on a bill happens in committee, where the appropriate sub-committee members debate the bill, hold hearings to gather testimony from experts or interested parties, revise or "mark up" the bill, or report the bill to the full committee. The full committee may vote to pass the bill, mark up and release the bill (report out of committee), or lay the bill aside (table the bill). 	<p>Advocates can show support for specific language, suggest amendments, and encourage legislators to vote for or against the bill. If there is a hearing, advocates can provide testimony, suggest speakers, provide legislators with questions or comments, and encourage allies to attend the hearing (wearing buttons, stickers, or T-shirts) to show support.</p>
Floor Action and Vote	<ul style="list-style-type: none"> The bill moves to the full chamber (i.e. Senate or House) for debate, amendment, and vote. If the bill is not placed on the calendar, action may not be taken and the bill dies. 	<p>Advocates can encourage legislators to vote for or against a bill, sponsor an amendment, or vote for or against an amendment.</p>
Conference Committee	<ul style="list-style-type: none"> If the two legislative chambers (i.e. the House and Senate) pass separate versions of a bill, an ad hoc panel called a Conference Committee will meet to work out the differences in legislation. The Conference Committee is usually comprised of three members from each chamber. Once a bill has been passed out of Committee, it goes directly to the floor of both chambers for a vote and is not open to further amendment. 	<p>Advocates can ask legislative leadership to appoint friendly legislators to the conference committee, write a letter of support for specific bill language.</p>
Action by Chief Executive (President / Governor)	<ul style="list-style-type: none"> The Chief Executive can sign the bill into law, veto the bill, veto and send the bill back to the legislature with suggestions for reconsideration, or take no action. The legislatures may override a veto, typically by a two-thirds vote in both the House and Senate. 	<p>Advocates can publicly encourage the Chief Executive to sign the bill (or thank the Chief Executive for signing the bill) by posting to social media, writing letters or op-eds, or issuing a press release. If there is a bill signing ceremony, advocates can attend and help "pack the house."</p>

UNDERSTANDING THE LEGISLATIVE PROCESS

The formal process for creating (**authorizing**) and funding (**appropriating**) government activities is a two-step process. Authorizing happens ONCE. Appropriations happens ANNUALLY.

- 1 The legislature must enact an authorization measure, such as passing a new piece of legislation, to create or continue an agency, program, or activity.
- 2 The legislature then enacts an appropriation measure to provide funds for the authorized agency, program, or activity.

As an example, the Bringing Postpartum Depression Out of the Shadows Act provides grants to states for five years to create programs to address maternal mental health. The Act was authorized as part of the 21st Century Cures Act, which passed in 2018. Funding for the grants must be appropriated each year, meaning that the federal budget must include funding in each fiscal year from 2019 to 2023.

TIPS FROM LEGISLATORS AND STAFF

- Legislators typically have more time to meet or talk with constituents during recess when they are in their home offices.
- Meet during session only if needing to talk about a current piece of legislation.
- Be prepared to discuss the issue and the proposed solution, as well as concerns that opponents might raise.
- Legislators typically start working on legislation months in advance. In particular, legislators who are on appropriations committees typically work on the budget 6 months in advance.
- Legislators appreciate educational materials that are easy to read and brief, such as a one-page summary with bullet points about the issue, the cost, and the solution.



THE BOTTOM LINE:
THERE ARE MULTIPLE OPPORTUNITIES
IN THE LEGISLATIVE PROCESS TO ADVOCATE FOR AN ISSUE

PART 4

Advocacy in Action

Personal Letter Template

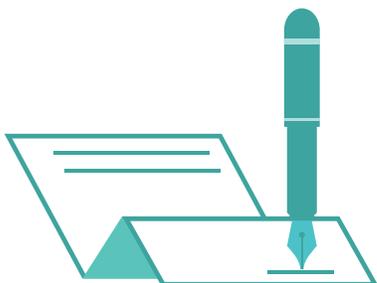
**Organizational Sign-on Letter
Template**

Sample Proclamation

Sample Resolution

Sample Leave-Behind Material

Resources



ADVOCACY IN ACTION: OVERVIEW

The most basic job of elected officials is to represent their constituents. Most legislators want to make a difference in the lives of the people they were elected to serve; they want to hear from their constituents and address issues of importance to them.

Surveys show that meeting with an elected official or his/her staff has the most impact of any type of contact. However, there are a variety of different approaches to educating elected officials about maternal mental health conditions, including:

- > Writing, emailing or calling the legislator or staff.
- > Attending a town hall meeting and asking questions.

MAY IS MENTAL
HEALTH
AWARENESS

TIPS FOR COMMUNICATING WITH LEGISLATORS AND STAFF

- **Build relationships.** Building a relationship with an elected official or key staff member is an important ingredient to successful advocacy. Legislators are extremely busy during session, so it is beneficial to get to know them and their staff when the legislative body is on recess or between sessions.
- **Legislative staff are key players.** Legislators rely on their staff for information and opinion. Some elected officials have large staff, while state and local elected officials might have just one staff member who handles issues, appointments, and correspondence. Be polite and engaging with all legislative staff, regardless of their age or position.
- **Use facts and figures.** Data drives decision-making, especially when dollars are involved. Have key “fingertip” facts and figures available (such as number of individuals affected by PMH conditions and cost of untreated PMH conditions).
- **Share personal stories.** Stories can have a deep and lasting impact, especially if they are short (less than two minutes) and tied to a specific piece of legislation or bill language.
- **Identify constituency.** Legislators give their constituents top priority and want to help solve problems that are important to their constituents.
- **Keep materials brief and straightforward.** One page of bulleted notes is optimal. Include contact information.
- **Be repetitive.** Use the same information, facts, figures, and language in verbal and written communications. Share your name and affiliation in all conversations and written communications.
- **Be clear and concise.** Clearly state the “ask” or desired action (i.e. co-sponsor a bill).
- **Increase contacts.** The more calls, letters, and emails a legislator receives on an issue, the more likely the legislator is to take some action on the issue.
- **Stay in touch.** Follow up with the legislator and/or staff by thanking them for their interest, sharing new articles or research, providing stories about how constituents are impacted, and educating them about how other jurisdictions are addressing similar issues.

COMMUNICATING WITH A LEGISLATOR

Communications with legislators should be brief, polite, and to-the-point. State who you are, what issue you are addressing, why this issue is important, and what you want the legislator to do about it. Leave a voicemail if necessary. Proofread all written correspondence. Include the following in all communications:



- WHO** | Introduce yourself, your organization, or your coalition. Identify yourself as a constituent or subject matter expert as appropriate. Include your contact information.
- WHAT** | Briefly explain the issue you are addressing. If referencing a specific piece of legislation, include the name or bill number.
- WHY** | Provide background information that is succinct and factual. Include a brief personal story if relevant. Explain how the issue impacts the legislator, constituents, and community.
- HOW** | Make a specific “ask” and provide next steps for action.
- WHEN** | State clearly when the intended action is needed, especially if it is time-sensitive.

What happens to correspondence? Some offices respond to all correspondence; others might respond only to personal letters or emails. Staffers read all communications, tally and summarize incoming correspondence about a particular issue, and share key or compelling messages with the legislator.

EMAILS AND PHONE CALLS	PERSONAL LETTERS	ORGANIZATIONAL SIGN-ON LETTERS
<ul style="list-style-type: none"> • Emails and phone calls are often the easiest and fastest way to communicate. • Be brief, concise, polite. Say “thank you.” • Underscore if the message is time-sensitive, such as before an upcoming vote. • Leave a voicemail if necessary. 	<ul style="list-style-type: none"> • Writing to an elected official and sharing a personal story can have a big impact. • Keep letters to one page if possible. Focus on a few brief points, using bulleted statements. • Most often letters are read by staff members who summarize key points for the legislator. • Include a specific “ask” if possible. 	<ul style="list-style-type: none"> • Advocacy organizations often write letters to legislators and ask other like-minded organizations to join as co-signors. • These letters are typically longer than one page and provide detailed background information about the issue, key facts and figures, appropriate footnotes or citations, and a specific legislative request such as supporting a piece of legislation. • Letters should include specific legislative language if available. For example, if the House has introduced a specific bill, include the bill language in a letter to a Senator.

A sample PERSONAL LETTER and ORGANIZATIONAL SIGN-ON LETTER are included in the Appendix.

CALLING OR EMAILING A LEGISLATOR

“Good morning. My name is [NAME] and I am a constituent from [LOCATION].

I am calling / emailing to ask that you support H.R. XXX, which provides funding to create programs to address maternal mental health. I suffered postpartum depression when my son was born 10 years ago, and it changed my life significantly. I want to be sure that the [NUMBER] new mothers in your district are screened for anxiety and depression and have access to help.

Thank you for your time. Please contact me at 123-456-7890 or jane.doe@gmail.com if you have any questions.”

Greeting	Good morning / afternoon. My name is _____ and I am your constituent from _____
Reason for the call / email	<i>List the reasons for the call / email and condense to 1-2 sentences.</i>
How this issue affects you personally	
How this issue affects the	
The “ask” or call to action	<i>List what you want the legislator to do, i.e. co-sponsor a bill, support a piece of legislation, or something else.</i>
Closing	<i>Thank the legislator for his/her time. Include your contact information.</i>

MEETING WITH A LEGISLATOR



REQUESTING OR SCHEDULING THE MEETING OR CALL

- Contact the legislator's office 3-4 weeks in advance. Call the office (ask to speak with the scheduler) or submit an online meeting request form via the legislator's website.
- When scheduling the meeting or call, introduce yourself, your organization, and the issue.
- The legislator's staff might encourage a meeting / call with a staff member rather than the elected official. Do not be offended. Staffers are key to the decision-making process.
- Most meetings or calls are scheduled for 15-30 minutes.



PREPARING FOR THE MEETING

- Prepare your "elevator speech" and other talking points. Practice making your points in a conversational yet organized manner.
- Invite 2-3 other advocates, such as individuals with lived experience or experts in the field, to join the meeting. Personal stories and expert commentary are vital to helping decisionmakers understand the impact of PMH.
- Send pertinent information (data, stories, fact sheets) to the legislator's office in advance. Provide names and affiliations of anyone who will be attending the meeting.
- Confirm the meeting or call a few days in advance.
- Some elected officials at the state or local level might not have an office; be prepared to meet at a location of their suggestion.



DURING THE MEETING OR CALL

- Be on time. Be prepared, brief, and polite.
- Dress professionally. Wear nametags.
- Be prepared to meet or talk with a staff member rather than the legislator. Elected officials are often called away for floor votes or other meetings. Remember that staff members are key to the decision-making process and can be strong allies in educating the elected official.
- Meeting space is very limited, so in-person meetings might take place in unexpected locations. Many meetings with Congressional staff often take place in the hallway.
- Bring copies of the educational materials sent in advance or that might be helpful in educating the legislator and staff about the issue.
- Make introductions, including names and affiliated organizations. Provide business cards.
- Introduce the issue, using facts and personal stories to make points.
- Suggest a call to action, such as introducing or supporting a specific piece of legislation or committing to a certain initiative.
- Offer to provide additional information that might add to the conversation or answer questions.
- Take a photo to share on social media.

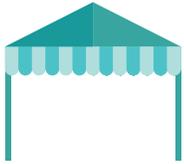


AFTER THE MEETING OR CALL

- Follow up within 24 hours with an email thanking the official or staff for their time. Restate the impact of PMH on mother, baby, family, and society.
- Provide additional information as soon as possible.
- Post photos to social media, tagging, and thanking the official publicly.

HOSTING A LEGISLATOR

Hosting a legislator at your organization or at an event is a win-win situation: it is a great way to educate the legislator about the issue and to give others the opportunity to speak with their elected official.



IDENTIFY EVENTS OR ACTIVITIES THAT A LEGISLATOR OR STAFF COULD ATTEND

- An outward-facing event, such as a 5K or other fundraising / friend-raising activity.
- An inward-facing event, such as a staff meeting or meeting of the Board of Directors.
- An operational event, such as a support group meeting (with permission from support group members).
- A tour of the organization's facilities.



INVITE THE LEGISLATOR

- Contact the legislator's office 3-4 weeks in advance. Call the office (ask to speak with the scheduler) or submit an online request form via the legislator's website.
- Introduce yourself, your organization, and the issue.
- Provide specific information: where the event is, how many people will be attending, what the legislator will be doing, whether members of the media will be in attendance, if/how to publicize the event.
- Provide relevant read-ahead materials, such as a one-page overview of the event or issue.



PREPARE FOR THE EVENT

- Let event participants know that an elected official (and perhaps media) will be attending. Understand that this might impact an individual's decision to attend the event. Ask those with lived experience if they are interested in sharing their stories.
- If appropriate, invite colleagues, partners, or stakeholders.
- If appropriate, publicize the event by sharing on social media or providing a press release.



AT THE EVENT

- Make introductions. Introduce yourself and key staff, as well as attendees interested in sharing their personal stories.
- Share information. Provide a quick overview of the event and participants. Have a packet or folder with print materials available, such as a one-page overview of the issue or event, names and/or contact information for key participants, and business card.
- Have a plan. Ask the legislator to do something specific, such as be the official race starter or answer a few questions from staff.
- Take photos.



AFTER THE EVENT

- Follow up within 24 hours with an email thanking the official or staff for their time.
- Post photos to social media, tagging and thanking the elected official publicly.
- Share photos with the legislator and event participants.

OBTAINING PROCLAMATION/

Elected officials at the state level often declare ceremonial proclamations or resolutions to recognize an issue of importance. These are no-cost easy opportunities to raise awareness about maternal mental health. There are two options to obtain this type of public recognition:

- 1 Ask the governor to issue a **proclamation**. Most governors have websites with an online form for requesting a ceremonial proclamation.
- 2 Ask a legislator to introduce a **resolution**. Most state elected officials are eager to respond to a constituent's request and support an issue that is non-partisan.

Several states have issued proclamations declaring May as Maternal Mental Health Awareness Month. Here are some examples:

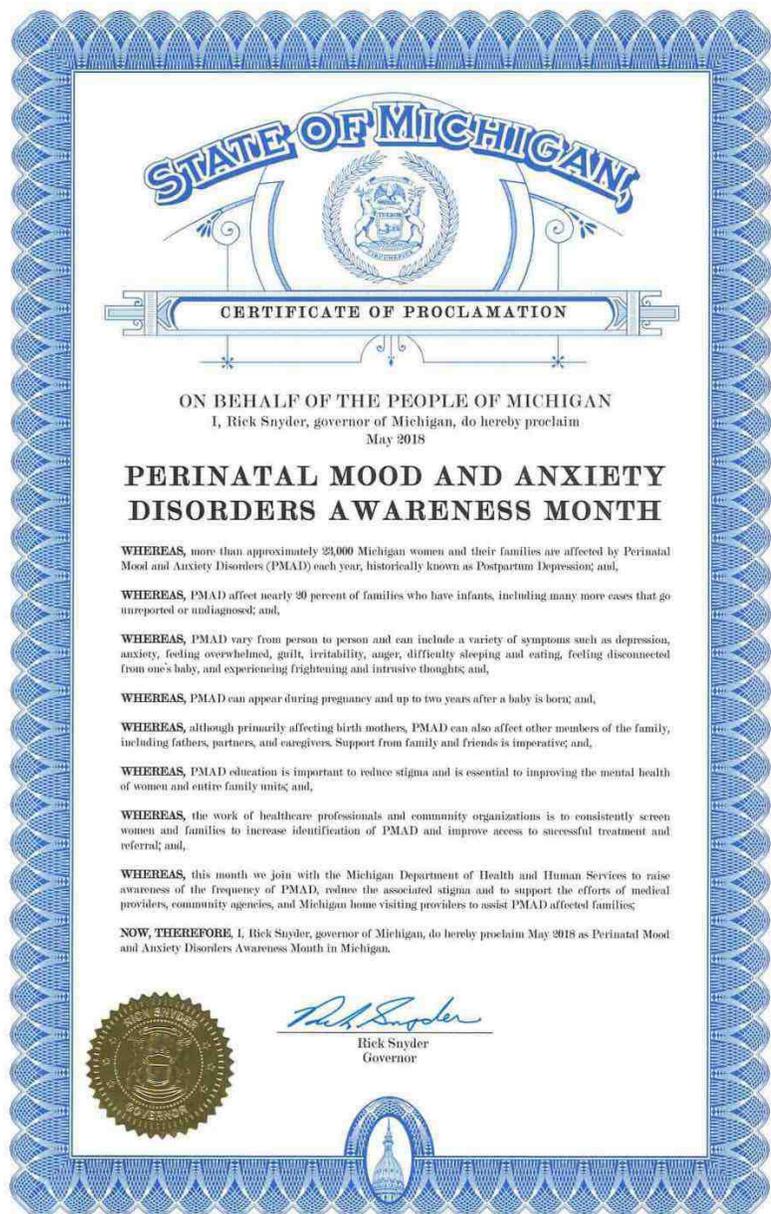
Illinois: bit.ly/pmh-il

Michigan: bit.ly/pmh-mi

Minnesota: bit.ly/pmh-minn

New Jersey: bit.ly/pmh-nj

Texas: bit.ly/pmh-tx

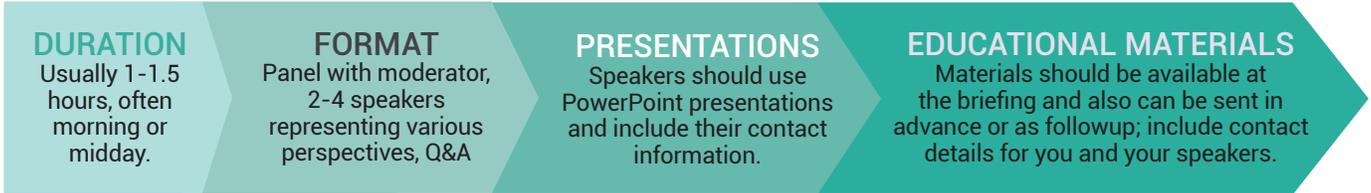


More sample PROCLAMATION text is included in the Appendix.

HOLDING A LEGISLATIVE BRIEFING

Holding a briefing for legislators and/or their staffs is an excellent way to educate a relatively large group about a specific topic in a short period of time. Legislative briefings usually feature a panel of speakers, include time for Q&A, and last about an hour. It is unusual for Senators and Representatives themselves to attend briefings, but staff regularly attend as a way to keep their Member informed on current issues.

Key points of a legislative briefing include:



Tips for organizing a successful briefing include:

LOCATION	Identify and reserve a location at or near the Capitol one to three months in advance. Using a room within the Capitol may require a legislative sponsor; ask your legislator or other legislative champion for assistance
CO-SPONSORS	Invite other legislators or organizations to help co-sponsor the event. Potential co-sponsors include specific legislative caucuses (i.e. the Maternity Caucus or Mental Health Caucus) or organizations (i.e. the March of Dimes). Co-sponsors can help with organizing and/or funding the event, finding speakers, and advertising to their constituencies.
SPEAKERS	Speakers can include individuals with lived experience, policymakers, researchers, and program managers. Identify and confirm speakers 4-6 weeks in advance. Provide guidance on key points you want your speakers to make. Gather the speakers' PowerPoint presentations a week in advance to allow time for feedback and refinement. Finalize presentations at least 24 hours in advance.
ROOM SET-UP	Provide information about how you would like the room to be set up as well as any audiovisual needs. Create nametags and name tents for speakers. Have tables for sign-in, refreshments, and educational materials.
REFRESHMENTS	Offer refreshments if possible. Free breakfast or lunch is often a great incentive for staffers to attend the briefing.
EDUCATIONAL MATERIALS	Provide educational materials in advance, at the briefing, and as follow-up. Provide attendees with informational packets that include Fact Sheets, printouts of the speakers' presentations, information about your organization, and contact information.
ADVERTISING	Prepare a flyer with information about the briefing. Advertise several times: one month, two weeks, one week, and two days in advance. Send a reminder 24 hours in advance to those who have registered.
REGISTRATION	Registration is encouraged to ensure adequate room size, chairs, and refreshments, as well as to gather names for nametags, follow-up, etc. Put out a sign-in sheet to gather additional names and contact information.

ORGANIZING AN ADVOCACY DAY

COVID-19 NOTE

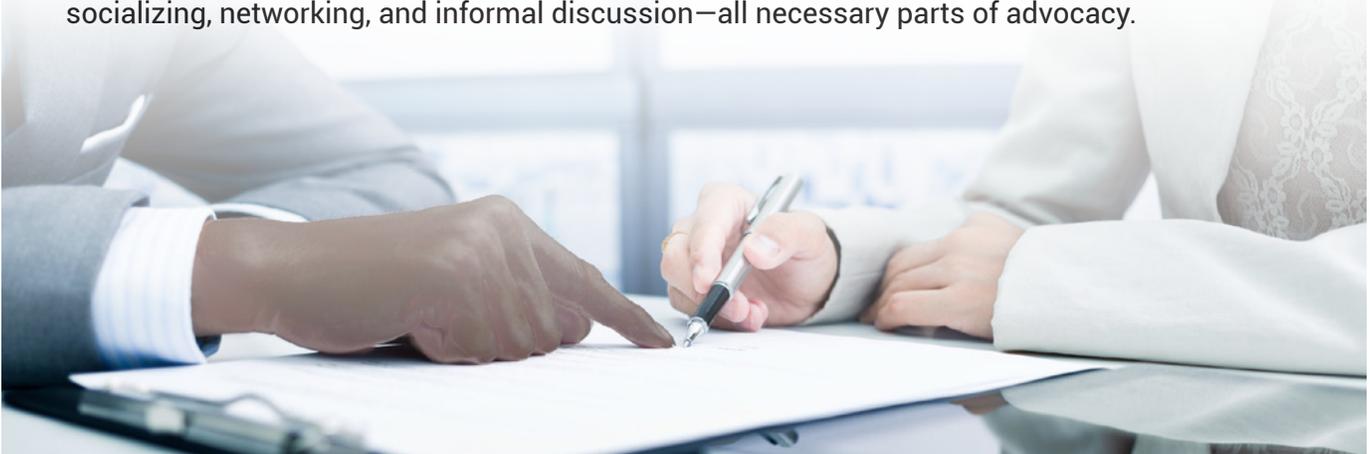
During the pandemic, Advocacy Days have been virtual with teleconference meetings. Throughout this section, “meeting” and “call” can be used interchangeably.

Advocacy Days bring groups of advocates to their elected officials—in person or virtually—providing an excellent opportunity to build relationships, raise awareness, and educate legislators and staff.

Legislators want to hear from their constituents and are more likely to pay attention to an issue if a group wants to meet to discuss it.

ADVOCACY DAYS TYPICALLY INCLUDE THESE ELEMENTS:

- > **Pre-briefing for advocacy team** (about a week in advance). Most advocates have never met with an elected official in a formal setting such as the legislature, so they might feel nervous or overwhelmed. A pre-briefing provides an opportunity to introduce advocates to each other, explain how the day's activities will unfold, discuss effective strategies for talking with legislators and staff, practice the elevator speech or talking points, answer questions, and ease jitters.
- > **Day-of briefing for advocacy team.** Meet at a predetermined location to organize advocates, provide information packets and nametags, go over the schedule, answer questions, and take a group photo. Organize small teams of no more than 5 people to visit or talk with specific elected officials or their staffs. Allow time for teams to meet individually to discuss roles and responsibilities for individual team members.
- > **Briefing for legislators and/or staff.** Hosting a briefing for legislators and/or staff is a great way to provide an overview of PMH conditions from a variety of perspectives. See previous page for more information.
- > **Visits or calls to offices of elected officials.** Identify a group leader or volunteer escort for each group to ensure the group stays on time and on track. Remind advocates that meetings might be in awkward places, such as the hallway, or with staff if the legislator is unavailable.
- > **Debriefing for advocacy team.** Reconvene after the meetings to debrief the day's events. This is a great opportunity to hear from advocates about their experience as well as information or commitments they gathered from their meetings. Be sure to thank advocates for their time and efforts.
- > **Reception for legislators and their staffs (optional).** A social gathering provides a time and place for socializing, networking, and informal discussion—all necessary parts of advocacy.



ORGANIZING AN ADVOCACY DAY

- > **Select a date** when legislators are in session and/or at their office.
- > **Create a volunteer staff** to schedule meetings or calls, identify and invite advocates, create informational packets, and assist with day-of activities such as welcoming and signing-in participants, distributing packets, meeting guest speakers, organizing the briefing and/or reception, handling food and/or transportation, and escorting advocates to legislative offices.
- > **Schedule meetings** (typically 15-30 minutes) with legislators and/or staff about 3 weeks in advance. Allow 15-30 minutes between meetings for moving between offices and adapting to schedule changes.
- > **Identify and invite advocates**, including those with lived experience and professionals in the field.
- > **Organize advocates** into teams of 3-5 people. Each team should include a team lead to keep the group on time and on track. Team members can be assigned specific roles and responsibilities: one person can introduce the topic and key talking points, one can share a personal story, and one can make the "ask."
- > **Build an information packet** for each advocate that includes:

Advocacy Day agenda

Talking points

Appointment list

Nametag

Leave-behind materials

Sample thank-you letter

Follow-up form with next steps

Map of office locations

- > **Identify Advocacy Day participants**, such as wearing the same T-shirt or carrying a hand-held sign. Take a group photo to share with all participants and on social media.
- > **Follow up with thank you notes.** Advocates should email or write to the legislators and/or staff with whom they met, sharing photos if possible. Advocacy Day organizers should follow up if legislators requested materials or had questions the advocates could not answer. Post photos to social media.

UTILIZING SOCIAL MEDIA

Social media—including platforms such as Facebook, Instagram, and Twitter—is a cost-effective approach to raising awareness about maternal mental health issues.

All legislators have social media handles which are usually included on the legislator's website. Follow legislators and amplify their voice by using their handle and/or hashtag when posting to social media.

Advocates can:

- > Repost articles about PMH.
- > Share information about PMH educational opportunities, such as webinars and conferences.
- > Amplify others' social media by "liking" or reposting messages.



Social media campaigns are typically set for a specific period of time (a day, week, or month) and have pre-determined themes, hashtags, images, and postings for each day. Effective social media campaigns also seek participation by encouraging individuals to post photos or share personal stories. Participant organizations help amplify and extend the message; often the logos for participant or partner organizations are included on the organizer's website and throughout the campaign.

The Blue Dot Project (bit.ly/bluedotcampaign), hosted by 2020Mom (2020mom.org) has led Maternal Mental Health Awareness Week in the United States in both 2019 and 2020.

World Maternal Mental Health Day (wmmhday.postpartum.net), hosted by Postpartum Support International (postpartum.net), has brought together organizations from around the world to raise awareness, influence policy, and change attitudes. In 2020, World Maternal Mental Health Day participants submitted a petition to the World Health Assembly and the United Nations' World Health Organization encouraging permanently designated the first Wednesday in May as World Maternal Mental Health Day.

Postpartum Resource Center of New York (postpartumny.org/may2018) led a social media campaign in 2018 and encouraged sharing information on social media, hosting a community event or training, and promoting maternal mental health screenings.

A screenshot of a social media post from 'The Blue Dot Project' dated May 6. The post text reads: 'Did you know, maternal mental health disorders like postpartum depression are the #1 complication of childbirth and one of the leading causes of maternal mortality (death)? There are more new cases of mothers suffering from maternal depression each year than women diagnosed with breast cancer. Women in their childbearing years account for the largest group with depression in the U.S. Learn more about MMH disorders including the prevalence of these disorders: <https://www.thebluedotproject.org/whataremmhdisorders> You can help spread awareness by sharing this post and the posts The Blue Dot Project is sharing daily during Maternal Mental Health awareness week. If you are a mom, you can also share photos of your motherhood moments this week so we can illustrate that motherhood is never Black and White, it's often grey, hard and messy. #MakingOverMotherhood #MMHWeek2020'. Below the text is a graphic with the text: 'MATERNAL MENTAL HEALTH DISORDERS LIKE POSTPARTUM DEPRESSION ARE THE #1 complication OF CHILDBIRTH'. At the bottom is a logo for 'Making Over MOTHERHOOD MAY 4TH - 8TH 2020 MATERNAL MENTAL HEALTH AWARENESS WEEK MOTHERHOOD IS NOT BLACK AND WHITE TheBlueDot postpartum TheBlueDotProject.org'.

APPENDIX

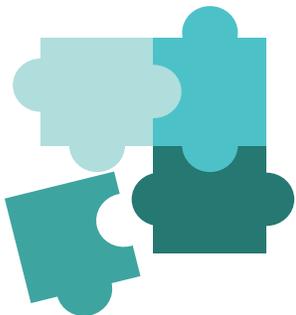
Personal Letter Template

**Organizational Sign-on
Letter Template**

Sample Proclamation

Sample Joint Resolution

**Sample Leave-Behind Material
Resources**



PERSONAL LETTER TEMPLATE

TEMPLATE FOR PERSONAL LETTER TO AN ELECTED OFFICIAL

Date

Today's date

Name of recipient
Mailing address

Letter recipient
and address

Dear Senator Smith,

As your constituent, I am writing to share information about perinatal mental health (PMH) conditions and to ask your support for legislation creating a mental health hotline specifically for those suffering PMH conditions (S. 1234).

Topic of letter
with "ask"

I experienced postpartum depression after my son was born 10 years ago, and it took me almost 6 months to get the help I needed. I now advocate for change around this important issue.

Information
about the
writer,
including a
personal touch

Here are a few key facts about PMH conditions:

- PMH conditions, primarily anxiety and depression, are the most common complication of pregnancy and childbirth, affecting 1 in 5 women.
- Left untreated, PMH conditions can have long-term negative impact on mother, baby, and family.
- The cost of NOT treating PMH conditions is \$32,000 per mother-infant pair.

Key points
about PMH

In our state, 100,000 women give birth each year. This means 20,000 women will experience PMH conditions at a cost of \$640 million in lost wages and productivity of the mother and addressing poor health outcomes of the mother and baby.

Impact on the
community
and cost

The United States Senate has introduced S. 1234 to create a hotline supporting women suffering PMH conditions that will be staffed 24 hours a day, 7 days a week.

Legislative
action

If this hotline had been available when I suffered postpartum depression, I could have found help much sooner. I could have bonded more easily with my baby and returned to work sooner.

Personal touch

I am asking you to support S. 1234 so that new mothers suffering PMH conditions can find help easily and quickly.

Call to action

Thank you for your attention to this important matter.

Closing

Sincerely,

Name
Address
Phone and Email

SIGN-ON LETTER TEMPLATE

TEMPLATE FOR ORGANIZATIONAL SIGN-ON LETTER TO AN ELECTED OFFICIAL

Date

Name of recipient
Mailing address

Dear Senator Smith,

On behalf of the undersigned national, regional and local organizations working in the fields of maternal-child and mental health who support the health and well-being of pregnant women and new mothers, we respectfully request the inclusion of \$3.5 million funding for a “Perinatal Mental Health Hotline” within the Fiscal Year (FY) 2021 LHHS Senate appropriations package, as was included within the House LHHS Report No. 116-450 for H.R. 7614 as amended by H.R. 7617, the omnibus appropriations bill passed by the U.S. House of Representatives on July 31, 2020.

Perinatal mental health (PMH) conditions are **the most common complication of pregnancy and childbirth**, affecting 1 in 5 women (or 800,000 each year in the United States). Sadly, PMH conditions often go undiagnosed and untreated, increasing the risk of long-term impact on the physical, emotional, and developmental health of both the mother and child. PMH conditions significantly contribute to the United States’ high maternal mortality rate; recent studies show that suicide and overdose are the leading causes of death for women in the first year following pregnancy. In addition to adverse health consequences, there are significant societal costs of untreated PMH conditions. For example, the estimated cost of untreated PMH conditions for all births in the United States in 2017 is \$14.2 billion due to mothers’ lost wages and productivity and addressing poor health outcomes of the impacted babies.

A national mental health hotline that offers specialized support 24 hours per day can help mothers and families address PMH conditions before they create long-lasting, adverse health outcomes for mothers and babies. Qualified counselors can provide immediate support to mothers and caregivers, including education, emotional support, and connections to community resources including mental health providers with advanced training in treating PMH conditions, peers with lived experience, support groups, and other local services to support pregnant women and new mothers.

We respectfully request that you include the following report language from the House FY 2021 LHHS Report No. 116-45, as amended by H.R. 7617:

“Maternal Mental Health Hotline.—The U.S. suffers from one of the highest maternal death rates in the developed world with Black and Native American / American Indian women dying at 2-3 times the rate of White women. Suicide and overdose have been identified as the leading causes of death during the first year postpartum and depression is the most common complication of pregnancy in the first year postpartum. To help address these issues, the Committee includes \$3,500,000 to contract with a qualified entity to establish and maintain a maternal mental health hotline to be staffed by qualified counselors, 24 hours a day. Funding may also be used for outreach to raise awareness about maternal mental health issues and the hotline.”

On behalf of the 4 million parents who give birth each year in the United States, we thank you for your attention to this critical matter.

Please contact Adrienne Griffen, Executive Director of Maternal Mental Health Leadership Alliance, at agriffen@mmhla.org should you have any questions.

Sincerely,

List of organizations signing on, in alphabetical order

Today's date

Letter recipient
and address

Topic of letter
with “ask”

Key points
about PMH,
including
statistics,
impact on the
community,
and cost

Proposed
solution

Call to action

Closing and
thank-you

Contact
information

SAMPLE PROCLAMATION



State of North Carolina

ROY COOPER
GOVERNOR

MATERNAL MENTAL HEALTH MONTH

2020

BY THE GOVERNOR OF THE STATE OF NORTH CAROLINA

A PROCLAMATION

WHEREAS, the health of women and their families is of high priority to the State of North Carolina; the period spanning pregnancy through parenting is a universal time of vulnerability with serious concerns, including rising maternal mortality and racial inequities in maternal outcomes across the nation; and

WHEREAS, over 118,000 babies are born in North Carolina each year and the maternal health, specifically the mental health of women before, during, and after pregnancy is an issue of great concern to women and their families; and

WHEREAS, at least twenty percent of new and expectant mothers are affected by a perinatal mood and anxiety disorder such as depression, obsessive-compulsive disorder, anxiety, and psychosis; and

WHEREAS, mothers may experience associated symptoms, which are often overlooked and heavily stigmatized because new and expectant mothers suffering from a perinatal mood disorder often feel confused, ashamed, and isolated; and

WHEREAS, African American women, teenage mothers, women of low socioeconomic status, and military mothers are up to four times more likely to experience a perinatal mood and anxiety disorder; and

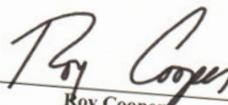
WHEREAS, many at-risk women may not seek help because they are not informed about perinatal mood and anxiety disorders as part of their health care due to lack of knowledge for screening and assessment tools, treatment, and community support services; and

WHEREAS, maternal health is essential for women and families of all backgrounds; collectively supporting maternal mental health can help improve the availability and access to effective treatment, prevention, and support services for better and more equitable outcomes for all; and

WHEREAS, the State of North Carolina encourages collaboration with local and national coalitions, organizations, and agencies to facilitate increased awareness and education about maternal mental health;

NOW, THEREFORE, I, ROY COOPER, Governor of the State of North Carolina, do hereby proclaim May, 2020, as "MATERNAL MENTAL HEALTH MONTH" in North Carolina, and commend its observance to all citizens.




Roy Cooper
Governor

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of North Carolina at the Capitol in Raleigh this twenty-eighth day of April in the year of our Lord two thousand and twenty and of the Independence of the United States of America the two hundred and forty-fourth.

SAMPLE RESOLUTION

SENATE JOINT RESOLUTION No. 20 STATE OF NEW JERSEY 213th LEGISLATURE

A JOINT RESOLUTION designating October 20 of each year as “Postpartum Depression Awareness Day.”

WHEREAS, Postpartum depression is a severe mood disorder that affects an estimated 10% to 15% of new mothers, usually within the first year after childbirth, miscarriage or stillbirth; and

WHEREAS, The exact cause of postpartum depression is currently unknown, but some contributing factors include changes in hormone levels, difficulty during labor or pregnancy, premature birth, miscarriage, lack of support from friends or family, lack of sleep, sudden changes in routines, personal or family history of depression, and high levels of stress; and

WHEREAS, The symptoms of postpartum mood and anxiety disorders include trouble sleeping, changes in appetite, not enjoying life as much as before, lack of interest in the baby, lack of interest in friends and family, lack of interest in sex, uncontrollable crying, difficulty concentrating, feeling angry, exhausted or hopeless, and thoughts of harming the baby or oneself; and

WHEREAS, Postpartum depression often goes undiagnosed or untreated due to the social stigma surrounding depression and mental illness, and the lack of understanding of the complexity of postpartum depression by society and the medical community; and

WHEREAS, Untreated, postpartum depression affects the entire family as well as society, because it affects the child's physical and psychological and cognitive development, and can lead to child abuse, neglect or death of the infant or other siblings; and

WHEREAS, Postpartum depression is a treatable disorder if promptly diagnosed and attended to with social support, therapy, medication, and hospitalization, when necessary; and

WHEREAS, Greater awareness of postpartum depression is needed so that mothers and their families will be better able to recognize the symptoms of postpartum depression and help new mothers receive needed treatment; now, therefore,

BE IT RESOLVED by the Senate and General Assembly of the State of New Jersey:

1. October 20 of each year is designated as “Postpartum Depression Awareness Day” in the State of New Jersey.
2. The Governor is hereby requested to issue a proclamation calling upon public officials and the citizens of this State to observe this day with appropriate activities and programs.
3. This joint resolution shall take effect immediately.

STATEMENT

This joint resolution designates October 20 of each year as “Postpartum Depression Awareness Day,” and requests the Governor to issue a proclamation calling upon public officials and the citizens of this State to observe this day with appropriate activities and programs.

SAMPLE LEAVE-BEHIND MATERIAL

HEADLINE OR TITLE



ABOUT PERINATAL MENTAL HEALTH CONDITIONS (PMH)

- Perinatal mental health (PMH) conditions are the MOST COMMON complication of pregnancy and childbirth, affecting 1 in 5 women.
- PMH conditions – primarily anxiety and depression – affect women during the two-year timeframe from pregnancy to full year following pregnancy.
- Untreated PMH conditions can have long-term negative impact on mother, baby, family, and society.
- The cost of NOT treating PMH conditions is \$32,000 per mother/infant pair in lost wages and productivity of the mother and addressing poor health outcomes of mother and baby.

ABOUT PERINATAL MENTAL HEALTH CONDITIONS IN OUR STATE

- **In our state, XXX women and families are impacted by PMH conditions.**
XXX = number of births x 20%
- **The cost to our state is YYY each year in not addressing PMH conditions.**
YYY = number of births x 20% x \$32,000
- **In our state, these programs exist to address PMH:**
List any programs, such as intensive treatment programs, support groups, PSI chapter, research

PLEASE SUPPORT PMH BY TAKING THIS ACTION

"The Ask"

Specify what you would like the legislator to do. Examples:

- Introduce a resolution to designate May as Maternal Mental Health Awareness Month
- Introduce a specific piece of legislation
- Co-sponsor a current piece of legislation
- Appropriate funds for programs to address PMH

CONTACT INFORMATION

Include name, organization, email, phone

Helping perinatal mental health advocates understand the importance of their voices in raising awareness and influencing public policy to better support the mental health of women and other birthing people during the perinatal timeframe.



RESOURCES

**Amplify Your Voice:
Lobbying Dos and Dots**
bit.ly/lobbydo

**Building Your Advocacy Toolkit:
Advocacy vs. Lobbying**
bit.ly/build-kit

Lobbying Flowchart
bit.ly/lobbychart

Our Government: The Legislative Branch
bit.ly/legislative-about

**Overview of the Legislative Process:
Video About How Congress Works**
bit.ly/howcongress