

MEMORANDUM

DATE	March 27, 2026
TO	Outreach and Education Committee
FROM	Steve Sodergren, Executive Officer
SUBJECT	Discussion and Possible Action to Make Recommendations of the Information Bulletin on Education and Continuing Education Opportunities in Perinatal Mental Health

Background

In 2024 two bills were signed into law - [AB 2270](#) (Chapter 636, Statutes of 2024) and [AB 2581](#) (Chapter 836, Statutes of 2024) that requires the Board of Behavioral Sciences (Board) to consider including a course in menopausal mental health and a course in maternal mental health, respectively, as part of its continuing education (CE) requirements for licensees.

During the November 20205 meeting the Board recognized the importance of maternal and menopausal mental health, while expressing caution about mandating continuing education (CE) in specific subject areas. The Board affirmed its direction to refer the matter to the Workforce Development Committee for consideration as part of the broader CE and education review process, and to the Outreach and Education Committee to explore potential near-term outreach efforts.

Board staff collaborated with Elyse Springer, representing the California Chapter of Postpartum Support International (PSI-CA), to develop an informational bulletin intended to educate licensees on perinatal mental health. (Attachment A) The term *perinatal mental health* was recommended as a more inclusive and appropriate framework, as it captures a broader range of reproductive and life-stage mental health considerations, including both maternal and menopausal-related concerns.

The bulletin outlines key concepts, common clinical issues, and the importance of competency in this area for Board licensees. It also provides a list of resources to support further education and training.

Next Steps

Once finalized, the informational bulletin will be posted on the Board's website, featured in the newsletter, and shared across the Board's social media platforms. The content will also be used for periodic informational posts to reinforce awareness and ongoing education.

Recommendation

Discuss the informational bulletin, recommend any revisions, and direct staff to return with a finalized version for Board approval.

Attachments

Attachment A: Information Bulletin on Education and Continuing Education Opportunities in Perinatal Mental Health

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Overview

Perinatal mental health is an area of clinical practice that focuses on the mental health and well-being of individuals and families during the period spanning pre-conception, pregnancy, and the first year postpartum. During this time, individuals may experience significant emotional, psychological, and social changes that can affect the parents, caregivers and the developing child.

The California Board of Behavioral Sciences (BBS) recognizes the important role that Licensed Marriage and Family Therapists (LMFTs), Licensed Clinical Social Workers (LCSWs), Licensed Professional Clinical Counselors (LPCCs), and their associates may play in identifying, assessing, and treating perinatal mental health concerns. Behavioral health professionals frequently serve as frontline providers supporting individuals experiencing Perinatal Mental Health (PMH) disorders and other related mental health challenges. Training in this area can help licensees and associates develop the foundational knowledge and skills needed to effectively support families during this important developmental period.

Common Perinatal Mental Health Concerns

Perinatal mental health conditions can include a range of clinical presentations, including:

- Perinatal depression (includes prenatal and postpartum depression)
- Perinatal anxiety disorders
- Postpartum obsessive-compulsive disorder (PPOCD)
- Postpartum post-traumatic stress disorder (PPPTSD)
- Perinatal bipolar disorder
- Postpartum psychosis
- Adjustment disorders related to fertility challenges, pregnancy loss, stillbirth, infant loss or birth trauma

Research indicates that perinatal mental health disorders are among the most common complications of pregnancy and childbirth. Perinatal mental health disorders affect roughly 1 in 3 California birthing parents and 1 in 10 fathers. Perinatal Mental Health disorders disproportionately impact historically underserved communities, including many communities of color and low-income families, where rates are likely even higher due to barriers to screening, diagnosis, and treatment.

Postpartum Psychosis occurs in roughly 1 to 2 per every 1,000 births and may occur during pregnancy and post-loss. During postpartum psychosis, a new parent may experience severe mood symptoms like mania (feeling high energy, not needing sleep), depression (overwhelming sadness or anxiety, or numbness), or a combination of both. These symptoms occur in addition to psychotic symptoms such as delusions and hallucinations. Delusions can be extremely powerful, and the individual may feel compelled to follow instructions as if everything depended on their actions. Postpartum psychosis is a psychiatric emergency. Untreated cases of postpartum psychosis are associated with approximately a 1 to 4 percent risk of infanticide, with some studies estimating rates around 4 percent, alongside elevated risk of suicide. It is important to note postpartum psychosis is treatable.

Approximately 1 in 10 pregnant people report substance use, and while less systematically tracked, fathers and partners may maintain or increase use during this period, often in the context of untreated Perinatal Mental Health disorders. Substances most commonly include alcohol, cannabis, opioids, and stimulants, and use is frequently linked to efforts to manage sleep disruption, mood symptoms, and the significant role transitions that accompany becoming a parent. Across the perinatal period, untreated substance use is associated with increased risks of preterm birth, low birth weight, impaired parent–infant bonding, relationship strain, and maternal morbidity and mortality, with overdose among the leading causes of death in the first year postpartum.

Early identification and treatment of Perinatal Mental Health disorders significantly improve outcomes for both parents and children. Building competency in Perinatal Mental Health supports improved family well-being, early childhood development, and long-term mental health outcomes.

Role of Behavioral Health Professionals

Behavioral health professionals play a vital role in:

- Increasing awareness of perinatal mental health conditions
- Reducing stigma associated with seeking care
- Diagnosing and differentiating perinatal mental health disorders
- Supporting early intervention and treatment
- Promoting healthy parent-infant relationships

Through continued education and training, licensees and associates can strengthen their ability to support individuals and families during the perinatal period.

Importance of Foundational Training

Training in perinatal mental health is crucial in supporting behavioral health professionals to:

- Recognize early signs and symptoms of perinatal mental health disorders
- Understand how these mental health disorders present differently than in other times in the developmental lifespan due to the intersection of biological (physical), psychological (thoughts/emotions), and social (environment/culture) dynamics during the perinatal period.
- Conduct appropriate screening and assessment
- Provide evidence-based therapeutic interventions
- Provide psychoeducation to clients and their families related to perinatal mental health disorders
- Collaborate effectively with obstetric, pediatric, and medical providers
- Support diverse families, including non-gestational parents, adoptive parents, and 2SLGBTQIA+ families

Education and Continuing Education Opportunities

Behavioral health professionals interested in developing foundational knowledge in perinatal mental health may consider pursuing additional education and continuing education training.

Continuing Education Courses

Continuing education courses may address topics such as:

- Screening and assessment for perinatal mental health disorders
- Trauma-informed care during the perinatal period
- Treatment approaches for perinatal mental health disorders
- Diagnostic Differentiation between Postpartum OCD, Bipolar Disorder and Postpartum Psychosis
- Cultural considerations in perinatal mental health care
- Perinatal miscarriage, loss and infant death
- Supporting partners, families, and caregivers
- Supporting Military families during the perinatal period
- Interdisciplinary collaboration with medical providers

Professional Certifications and Advanced Training

- Perinatal Mental Health Certification (PMH-C)
- Advanced training in perinatal mood and anxiety disorders
- Perinatal loss and grief counseling
- Paternal mental health
- Perinatal mental health and substance use
- Infant mental health and attachment-focused therapy

Additional Resources

The following non-profit organizations provide online educational resources, training opportunities, and research related to perinatal mental health:

- **Postpartum Support International (PSI):** <https://www.postpartum.net>
- **Maternal Mental Health Leadership Alliance:** <https://www.mmhla.org>
- **Maternal Mental Health NOW (Los Angeles) with UCLA Center of Excellence** <https://maternalmentalhealthnow.org>
- **Be Mom Aware (Sacramento):** <https://www.bemomaware.com/>
- **Postpartum Health Alliance (San Diego)** <https://postpartumhealthalliance.org/>
- **Diversity Uplifts (San Bernardino County)** <https://www.diversityuplifts.org/>

These organizations offer CE-training programs, webinars, and resources for behavioral health professionals interested in expanding their knowledge in this area.

Licensees should ensure that continuing education courses meet the BBS continuing education requirements and are offered by Board-recognized continuing education providers.

For information about continuing education requirements for BBS licensees and associates, please visit: California Board of Behavioral Sciences <https://www.bbs.ca.gov>

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