UNDERSTANDING PERINATAL MENTAL HEALTH
Essential Guidance and Educational Resources for Clinicians

Overview

Perinatal mental health (PMH) focuses on the mental health and well-being of individuals and families during 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 play in identifying, assessing, and treating PMH concerns.

Behavioral health professionals are often frontline providers supporting individuals experiencing 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 PMH Concerns

PMH 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 PMH disorders are among the most common complications of pregnancy and childbirth. PMH disorders affect roughly one in three California birthing parents and one in 10 fathers. Additionally, PMH 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.

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BBS Board of Behavioral Sciences
1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830
CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
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Postpartum psychosis occurs in roughly one to two per every 1,000 births and may occur during pregnancy and post-loss. During postpartum psychosis, a new parent may experience severe mood symptoms such as 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% risk of infanticide, with some studies estimating rates around 4%, alongside elevated risk of suicide. Postpartum psychosis is treatable.

Approximately one in 10 pregnant people report substance use. While less systematically tracked, fathers and partners may maintain or increase use during this period, often in the context of untreated PMH disorders. Substances most commonly include alcohol, cannabis, opioids, and stimulants. Use is frequently linked to efforts to manage sleep disruption, mood symptoms, and the significant role transitions accompanying 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 PMH disorders significantly improve outcomes for both parents and children. Building PMH competency 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

PMH training is crucial in helping behavioral health professionals to:

- Recognize early signs and symptoms of PMH disorders.
- Understand how these conditions 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 About PMH disorders to clients and their families.
- Collaborate effectively with obstetric, pediatric, and 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 PMH may consider pursuing additional education and continuing education training.

Continuing Education Courses

Continuing education courses may address topics such as:

- Screening and assessment for PMH disorders
- Trauma-informed care during the perinatal period
- Treatment approaches for PMH disorders
- Diagnostic differentiation between postpartum OCD, bipolar disorder and postpartum psychosis
- Cultural considerations in PMH care
- Perinatal miscarriage, loss and infant death
- Supporting partners, families, and caregivers
- Supporting military families during the perinatal period
- Interdisciplinary collaboration with medical providers

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

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

Licensees should make sure 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 the California Board of Behavioral Sciences at www.bbs.ca.gov.

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