Utilizing Behavioral Health Research to Inform Policy: A Conversation with Dr. Rhonda Boyd

Behavioral Health

Date Posted:

May 07, 2024

As the youth behavioral health crisis has grown in the past several years, members of PolicyLab's Behavioral Health portfolio have continued to think about how to turn evidence into action, participating in federal, state, and local conversations to move the needle on mental health policy, and contributing their research and clinical expertise to these efforts.

One such example is Dr. Rhonda Boyd, who given her expertise in youth depression and perinatal mental health, both of which are key issues of interest for policymakers right now, has recently had several opportunities to engage in this work. Dr. Boyd is a researcher at PolicyLab and the Associate Director of Children's Hospital of Philadelphia's (CHOP) Child and Adolescent Mood Program in the outpatient clinic of the Department of Child and Adolescent Psychiatry and Behavioral Sciences, where she practices as a licensed psychologist specializing in evaluation and treatment of youth with depression.

In recognition of Mental Health Awareness Month, I recently sat down with Dr. Boyd to discuss how she got involved in policy efforts, how she engages with and gets information into the hands of decision-makers, and investments needed to support youth and family mental health.

Q: As a practicing child psychologist and researcher, how did your work take you into the policy arena?

Prior to coming to CHOP, I had a one-year policy fellowship with the Society for Research in Child Development. During this fellowship, I learned a great deal about policy through my placements, lectures and other fellows. I was placed at the National Institute of Mental Health and the Administration on Children, Youth, and Families, and I worked on the areas of Head Start, mental health and postpartum depression.

My policy interest laid dormant for many years until I became involved with PolicyLab. One of the first things I did when I joined PolicyLab was I wrote a blog about a proposed amendment in Pennsylvania to add postpartum depression as a risk category for Early Intervention screening and services. I was contacted by an advocacy group called Strong Mom Strong Baby to join their coalition to advance this legislation. I worked with them for a number of years, although the amendment was never passed.*

Q: From this grounding in your work, what are some of the policy priorities/issues you are most invested in?

I've had a long interest in universal screening for perinatal depression. Pennsylvania is a state that doesn't have universal screening, though it's been recommended through many professional societies. In particular, I'm

invested in increasing access to mental health services for birthing individuals.

I've also been interested in health disparities in youth access to mental health services. More recently, I've been involved with youth suicide efforts and addressing the growing rates of suicide among youth, with a focus on youth of color.

Q: You've had a chance to share your research and engage with decision-makers in several forums. Can you share some takeaways from recent dialogues you've been part of?

I'll start with talking about two initiatives. I've been involved with the Pennsylvania Black Maternal Health Caucus. I was invited to be part of that effort, from which they introduced a set of bills to address health disparities for Black mothers, especially focused on maternal and infant mortality rates.

In addition, I've been involved with the Substance Abuse and Mental Health Services Administration, which had a meeting last summer bringing eight states together to develop a plan to address Black youth suicide at the state level. That was called the Black Youth Suicide Policy Academy. Each state brough a team and I served as a subject matter expert. I ended up continuing work with the Pennsylvania team as they were one of the states represented.

In both initiatives, I learned that it's important to build a coalition of diverse groups of people to advance legislation and bring the context to the table. It's important to gather information and data at the local level to be able to present why this is a concern and why these bills are needed. And it's particularly important to build on existing supports and infrastructure at the state level to advance the work.

Communication is another area that I think is important—how to get the word out, how to package the information—so that people are aware in the community, including federal and state policymakers, to be able to understand why this is important.

Q: How do you bring these experiences/discussions back into your clinical work and research?

It's important to inform people about what's going on—my colleagues, trainees, staff members. I share what I'm involved with at different research meetings that I go to.

When I write research papers, I've been thinking more about the discussion section and how to flesh it out more to think about policy. In my research talks more recently, I've been including policy activities in order to bring the two [research and policy] together because they shouldn't be divorced and many times they've been separate. That's another way to let people know how the research can move into practice and policy.

Recently I've been invited to the Suicide Research Symposium. I was asked to be on a panel to discuss research to practice and policy and how this happens, so that's another arena to be able to share the work.

Q: Thinking about Mental Health Awareness Month – what is something that decision-makers could do right now to support the mental health of the populations that you work with?

One of the things is investments in schools. Most youth spend the majority of their time in the school setting. There are significant disparities, particularly in Pennsylvania, about access to certain funding, making schools safe, offering activities for youth, and supporting the mental health activities that are available.

Also investments in families. We understand it's important that families have housing, health insurance, safe neighborhoods, access to food, affordable child care—and I think they all go together with mental health. Also, of course, access to health services and that mental health is not considered less than general health, that mental health is a part of health.

We need to put investments in the areas that we want to uphold—to say that kids are important, that families are important—we need to show that in our activities and our funding.

** There is currently a bill (PA HB1593) moving through the Pennsylvania legislature that would expand Early Intervention screening to infants of those deemed at risk of or diagnosed with postpartum depression.*

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