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Dear Madam President, Members of the Board, and Members of the Marcé Society,

I am honored and excited to apply for the open position as President-Elect for The International Marcé Society for Perinatal Mental Health. I am pleased to say that Drs. Lisa Segre, Michael O'Hara and Samantha Meltzer-Brody have offered me their support and have nominated me for this position. I believe my experience and career uniquely qualify me for the position and it would be wonderful to have the opportunity to participate in the leadership of the Society in this exciting though challenging time.

Perinatal mental health has been a neglected area of research, clear clinical care directives as well as education for both the public and providers on both a US national as well as an international level, with different countries experiencing different levels of need. Postpartum depression remains the most common complication of childbirth and it remains unclear how best to clinically manage women with psychiatric disorders during pregnancy and lactation. Over the last several years we have begun to see the seeds of change: In the US, several states have begun passing legislation dealing with screening for perinatal psychiatric disorders, increasing options for treatment and educating providers. I was honored to serve on the Maryland State Perinatal Mental Health Taskforce whose work resulted in legislation at the state level. I have also been honored to serve in the process of establishing a Committee on Women's Mental Health through the APA which I hope will ultimately lead to a national agenda to improve perinatal mental health outcomes.

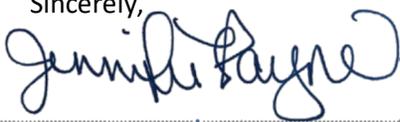
I have a long-standing interest in women's mental health and have focused my career specifically on perinatal mental health. My career has spanned the three "pillars" of academia: I am a clinician, clinical researcher and an educator. I founded and direct the Johns Hopkins Women's Mood Disorders Center and have built it up from a one-woman clinical operation to a thriving clinical, research and education driven mission that provides outstanding clinical care, conducts NIH funded research and educates our medical students and residents on a weekly basis. Over the last several years I have also been working within the American Psychiatric Association (APA) to promote women's mental health issues and have recently succeeded in



persuading the APA to establish a Committee on Women’s Mental Health. The goal of the Committee will be to help set policy, educational objectives and research objectives at a national level. I am also currently serving as the President-Elect of the Marcé of North America (MONA) Society which will give me an outstanding level of experience in leading a Society and organizing a national conference- experience that will give me skillsets necessary to effectively lead the International Marcé Society. I have also served on the Board of the Marcé Society for the past year and a half and that experience has given me a good understanding of the goals, projects, strengths and weakness of the Society. It is my hope to marry and extend my work in perinatal mental health at the US national level to the international level through the International Marcé Society. The needs of perinatal mental health in the areas of education, research and clinical care at the US national level are both connected to and separate from international needs. Given my broad experience, possession of both clinical and research skills, and experience in developing perinatal mental health education, I believe I will bring unique strengths to the position that will help the Marcé Society achieve its goal to “promote, facilitate and communicate about research into all aspects of the mental health of women, their infants and partners around the time of childbirth.”

My ultimate vision for the Marcé Society is for the Society to have moved from educating the public and providers about identification and treatment of perinatal psychiatric disorders to educating the public and providers about the *prevention* of perinatal psychiatric disorders. Perhaps one day, postpartum depression will no longer be the most common complication of childbirth but the most commonly prevented complication of childbirth. I would love to be a part of making that vision a reality, particularly internationally, and if elected, I hope to serve the Society well.

Sincerely,



Jennifer L. Payne, MD