Maternal Depression, Young Children, and the ACA

Alliance for Early Success, Health Policy Roundtable
February 26, 2014
The Plan

1. Why should you care about maternal depression?
2. Why should you get involved with the ACA/ Medicaid?
3. What can you do?
How Did I Come to Care About Maternal Depression?

• At the Urban Institute and now CLASP, I’ve had the opportunity to reflect on my experiences as the District of Columbia’s child welfare director seeing some of the city’s most vulnerable families and children....
Why Focus on Maternal Depression?

- Key intervention point for improving young children’s environment and opportunities:
  - Depression is widespread, especially among low-income mothers of young children.
  - It’s treatable.
  - When untreated, damages parenting and places children’s development at risk.
  - Few low-income mothers receive treatment.
  - That’s true even for major depressive disorder.
- Treatment for mothers is high-payoff prevention for children.
How Many Babies Have a Mother Experiencing Depression?

Percent of Infants Whose Mother is Experiencing Depression

- All Infants: 55%
- Infants Living in Poverty: 41%

Source: Vericker, Macomber, and Golden 2011 (from 2001 Early Childhood Longitudinal Study, Birth Cohort)
Depression is More Severe Among Low-Income Mothers

Comparison in depression severity among low- and higher-income mothers with a Major Depressive Episode in the past year:

- 14.5% of all mothers had major depression
- Source: 2008-2010 National Survey of Drug Use and Health
Low-Income Mothers are Less Likely to Receive Treatment

Proportion of mothers with a Major Depressive Episode in the past year who have not received any treatment, by income category:

- Low-income mothers: 37.3%
- Higher-income mothers: 25.3%
Top Five Reasons Not To Take It On
(And some answers)

1. Anyone would be depressed coping with these mothers’ lives.
2. Poor mothers don’t want help for mental health problems.
3. Treatment doesn’t help everyone.
4. Community and informal supports are enough.
5. Mental health services are a mess.
Why Get Involved with the ACA/Medicaid?
The ACA Tears Down Major Barriers to Depression Treatment

• Many mothers get health insurance for the first time.
  ▪ Largest effect in states that take the Medicaid expansion.
  ▪ Potentially important opportunities in others as well.
• The benefit package includes mental health (and substance abuse) treatment.
• Access to primary and preventive care.
• Important provisions promote integrated care.
• Prevention/ screening and quality measures also target depression.
About Half the States Are Likely to Expand Medicaid in 2014

As of October 30, 2013
Why So Hard to Make the Connection?

The ACA and Medicaid
- Very complex
- Large state variation
- Competing priorities, overwhelming agenda
- Extremely difficult roll-out.
- Focus on enrollment first, services later.

Early Childhood Systems
- Very complex
- Large state variation
- Competing priorities, overwhelming agenda
- Limited attention to parents
- Not used to Medicaid as a resource
What Could A New Design Look Like?
Ideas About Where to Start
Where Might You Start?

Takeaways
1. A huge moment of opportunity
2. A sprint AND a marathon (2014 – 16)

Action Steps
- Preparation now; persistence over next few years.
- Funders need to move now so capacity is there in 2014.
Where Might You Start?

Takeaways

3. No one group can do this alone.

Action Steps

• Build relationships now (early childhood, health, mental health).

• Start to build shared knowledge.

• Look for immediate ways to get involved.
Resources


• Forthcoming CLASP brief on treating maternal depression to improve the life opportunities of poor mothers and children (check our website www.clasp.org). 2014.
Resources, continued


Resources, continued
