



# Maternal Depression: Why It Matters to an Anti-Poverty Agenda for Parents and Children

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By Stephanie Schmit, Olivia Golden, and William Beardslee

Maternal depression is a major public health problem that interferes with a parent's capacity to help a child develop and stymies their efforts to escape poverty. This brief summarizes the reasons early childhood and anti-poverty advocates should seize this moment to address the problem and create pathways out of poverty for both generations.

Depression is widespread among poor and low-income mothers, including mothers with young children. One in nine poor infants lives with a mother experiencing severe depression and more than half live with a mother experiencing some level of depressive symptoms.<sup>1</sup> While depression is highly treatable,<sup>2</sup> many low-income mothers do not receive treatment—even for very severe levels of depression. Indeed, more than one-third of low-income mothers with major depressive disorder get no treatment at all.<sup>3</sup> Unfortunately, untreated maternal depression is damaging to children, particularly young children, placing at risk their safety and cognitive and behavioral development.

Many policy and system barriers have contributed to these past failures. However, recent changes offer the opportunity to design and implement reforms that would increase the number of mothers who receive effective treatment. Moreover, there is strong evidence that in addition to benefiting mothers' wellbeing, these reforms would bolster children's emotional and social development and learning—helping families across the country rise out of poverty.

## Treating Maternal Depression Helps Children Escape Poverty

Strong and consistent evidence indicates that a mother's untreated depression undercuts young children's development, including risks to learning, success in school, and adult success. The effects can be lifelong, including “lasting effects on [children's] brain architecture and persistent disruptions of their stress response systems.”<sup>4</sup> A thorough review of this research by the National Research Council and Institute of Medicine finds that maternal depression endangers young children's cognitive, socio-emotional, and behavioral development, as well as their learning and physical and mental health over the long term.<sup>5</sup>

Treating maternal depression is crucial to improving parenting and getting children's development back on track for school and adult success, including escaping poverty. There is strong evidence that a variety of safe and effective tools exist for treating adults with depression, including pharmacotherapies, psychotherapies, behavioral therapies, and alternative medicines.<sup>6</sup> Both medication and cognitive behavioral therapies, with modifications such as support for child care, have proven particularly effective for poor, minority women.<sup>7</sup>

For some mothers, treating depression to remission may be sufficient to strengthen parenting capacity and improve children's outcomes.<sup>8</sup> Others may need additional supports, such as direct parenting intervention.<sup>9</sup> Orienting the treatment to help

mothers and fathers be effective parents is essential. Children can show significant improvement on a range of outcomes, including measures of development and functioning, behavior problems, and mental health problems, after successful treatment of mothers.<sup>10</sup> Effectively treating parents is prevention for children.

Combining depression treatment with parenting supports like home visiting and Early Head Start is one way to promote a child development trajectory leading to success in school and beyond. Without additional treatment for depression, parenting support programs often report difficulty helping depressed mothers, whom staff find hard to engage.<sup>11</sup> In a study that added treatment to regular home visiting for mothers with major depressive disorders, 70 percent of those who received treatment recovered, compared to 30 percent of those who received only home visiting.<sup>12</sup> Early Head Start on its own showed positive results for young children of depressed mothers, but adding depression treatment boosts results by improving parenting.<sup>13</sup>

## **Treating Depression Can Help Mothers Escape Poverty**

Depression affects mothers' ability to escape poverty because it gets in the way of both steady employment and participation in potentially helpful services. For the general population, depression predicts: difficulty getting and keeping a job and greater work disability in the short term; lower income and more unemployment over time; and increased absenteeism and reduced productivity among those who have jobs.<sup>14</sup>

At the same time, depression can undercut poor mothers' ability to take advantage of services and interventions meant to help them go to school, get training, and secure employment. For example,

non-depressed mothers who were enrolled in Early Head Start (provided alone, without additional mental health treatment) increased their participation in education, job training, and employment—while depressed mothers did not.<sup>15</sup> Leaders in a Chicago program targeted to very poor families from public housing highlighted a corresponding lesson from their experience: untreated mental health problems were so detrimental to service success that their program added an on-site psychiatrist, which was not part of their initial plan.<sup>16</sup>

Treatment of depression can improve work productivity and decrease absenteeism.<sup>17</sup> For poor mothers specifically, treatment combined with employment services can help them earn higher wages, according to several rigorous experiments.<sup>18</sup>

## **Depression's Impact on Deeply Poor Mothers and Their Young Children**

Mothers of young children living in poverty and deep poverty are particularly affected by depression. Rates of depression for mothers of young children go up as income goes down.<sup>19</sup> About one in nine poor infants has a mother who is severely depressed and more than half have a mother experiencing some level of depression.<sup>20</sup> Homeless mothers also experience disproportionately high rates of depression often compounded by their circumstances and the likelihood that they are also poor.<sup>21</sup> Among mothers with a major depressive disorder, effects on daily functioning are greater for low-income than higher-income mothers (70 percent compared to 54 percent severe or very severe).<sup>22</sup>

For deeply poor families, additional evidence of the high incidence of depression comes from studies of “disconnected” mothers—those who are neither working nor on welfare—as well as

mothers in the Fragile Families study, which concentrates on high-poverty areas, and mothers participating in programs for high-risk families. Disconnected mothers are deeply poor, averaging just over \$9000 in household income for all family members in 2002; they show elevated levels of maternal depression even compared to other impoverished groups such as former TANF recipients.<sup>23</sup> Among mothers participating in the Fragile Families survey, which sampled new and largely unmarried parents from hospitals in 20 U.S. cities, about 1 in 5 mothers were depressed at each survey point (child ages 3, 5, 7, and 9) and almost 4 in 10 at least once over that period. These rates were far higher than those of the general population.<sup>24</sup> Reviewing reports from many different home visiting programs aimed at poor and high-risk mothers with young children, Ammerman<sup>25</sup> finds that “each of the studies reported high levels of maternal depressive symptoms (from 28.5 percent to 61 percent), exceeding clinical cutoffs at enrollment.”

### Reforming Policy and Service Systems to Help Mothers and Children in Deep Poverty

This is an extraordinary moment of opportunity. By reforming federal and state policies and service systems, the major barriers that have held back widespread depression treatment can be torn down and innovative, effective interventions can flourish and expand.

An important and relevant vehicle to promote treatment is the Affordable Care Act, which has given many poor mothers access to health insurance for the first time, requires a benefit package that includes mental health, supports attention to depression in other ways (such as through quality indicators and free preventive

coverage of screening), and encourages integrated care in ways that could support poor families.<sup>26</sup> These changes to health care target some of the historical barriers that have hindered depression treatment for poor mothers. This includes the high cost of treatment, complex and counter-productive reimbursement rules, low quality of treatment, and fragmentation between primary care and mental health providers.<sup>27</sup>

Given increasing evidence that poor children’s early environments have long-term consequences, leaders in early childhood and poverty programs are beginning to explore using these health system redesigns to create change. Last spring, a roundtable convened by two authors of this brief brought together community leaders and federal and state officials in programs from home visiting to Early Head Start to the WIC nutrition program to identify next steps. One participant captured the mood: “I believe the stars are aligning. . . . We have not had an opportunity like this to fit together the pieces that are necessary.”<sup>28</sup>

A composite example illustrates how policy and system changes could help real people on the ground, giving poor children stronger opportunities to succeed in school and emerge from poverty while promoting economic security for poor mothers:

- **BEFORE POLICY AND SYSTEM CHANGES:** A deeply poor and isolated mother with a one-year-old infant has been assigned a home visitor. Her home visitor has persisted sufficiently to build a relationship with her and believes that she is seriously depressed. But try as she may, the home visitor cannot get the parent to see a mental health clinician. The mother is afraid to go to someone she doesn’t know and is worried about child care and transportation. When she

finally makes a phone call after being coached by the home visitor, she is completely discouraged when the receptionist asks for her health insurance and she has to say she has none. She eventually makes one visit to a free clinic but has no insurance to pay for medication and gives up, even more sure than she was before that no one will help her feel better.

- **AFTER POLICY AND SYSTEM**

**CHANGES:** The mother's state has accepted Medicaid expansion as part of the ACA, giving her and thousands of others maternal depression coverage under Medicaid and subsidized insurance plans. The mother is now eligible for treatment and has far more options thanks to a steady and reliable funding stream.

Recognizing (with help from national experts and peer assistance from other states) the large unmet need and rapid growth in treatment, the state has concentrated on removing policy barriers, setting quality standards, and improving geographic accessibility to effective programs.

- As a result, the home visitor now can connect the mother to an evidence-based mental health intervention, either in her home or in an office setting (for examples, see Ammerman et al., 2013 and Miranda et al., 2003).
- The mother now has insurance, enabling her to choose the treatment with which she is most comfortable.
- Because the state has concentrated on policies to support effective treatment for maternal depression, the unintended barriers that formerly blocked some effective treatments from Medicaid coverage (such as refusal to reimburse master's level clinicians for in-home

services) have been solved, and treatment is available throughout the state without a waiting list.

- As part of its redesign, the state has set out quality standards for depression treatment, responding to federal guidance and to findings about inconsistent quality—particularly for low-income and minority communities.
- As the mother begins to feel better, the home visitor builds on her progress, working with both mother and baby to support improved parenting and child development. This includes helping the mother capitalize on her increased energy and sense of hope to enroll herself in a training program and her baby in Early Head Start. These important steps significantly increase the child's chances of escaping poverty.

Too often, the life chances of young children growing up in deep poverty are sharply curtailed long before they reach school age. It can often feel as though they have no options. Many of the reasons for the “toxic stress” that endangers children's development and drastically constrains their future opportunities are difficult to address, particularly in a time of political polarization that stymies new large-scale investments.

But addressing maternal depression offers a crucial, large-scale, and time-sensitive opportunity to help children escape poverty. Depression is a treatable problem at the level of the individual mother and child, and there is strong momentum toward policy intervention. The resources and legislation exist already. Now we must ensure that effective federal, state, and local policy is put in place to improve life opportunities for tens of thousands of deeply poor mothers and their children.

*CLASP develops and advocates for policies at the federal, state, and local levels that improve the lives of low-income people, with a focus on strengthening families and creating pathways to education and work. For more information, visit [www.clasp.org](http://www.clasp.org) or follow [@CLASP DC](https://twitter.com/CLASP_DC).*

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