



Medicaid Changes Would Spell Trouble for Maternal Depression Screening, Treatment

April 2017 | Stephanie Schmit and Anitha Mohan

ACA and Medicaid Expanded Health Coverage to Millions of Low-income Parents

The Affordable Care Act (ACA), including its expansion of Medicaid coverage, significantly increased health insurance coverage and access to health and mental health services since 2014. Prior to the ACA, many low-income adults either were not offered or could not afford private insurance and also were not eligible for Medicaid. The ACA, and in particular the Medicaid expansion component that 31 states and DC opted to take, is the reason why a record number of children and adults have affordable health care.

Adults' access to health insurance coverage matters crucially for children. That's because children's development depends on the physical and emotional health of the caring adults in their lives—particularly their parents. Access to Medicaid and the services it provides is a lifeline for poor parents and is crucial for the healthy development of their children because they thrive best when those who care for them are emotionally and physically healthy.¹

One particular benefit of the ACA and Medicaid expansion has been greatly expanded access to screening and treatment for maternal depression—a widespread public health problem that affects millions, including poor mothers, and that has lasting implications for children. Efforts to fundamentally restructure Medicaid, reduce federal Medicaid spending or to eliminate the Medicaid expansion put these incredible advances at risk.

Maternal Depression: A Major Public Health Problem

Parent and child wellbeing are inextricably linked. That's why a mother's depression can have such a significant influence on a child. Untreated maternal depression is a major public health problem that affects many, particularly low-income, women and their children. Maternal depression is widespread in the United States, especially among poor women and women with young children (under six years of age). Among mothers with young children, 15 percent (2.6 million) have had major depression at some time in their lives and 8 percent experienced major depression in the last year. Low-income mothers (with income under 200 percent of the Federal Poverty Line-or FPL) have higher rates of major depression in the last year (9 percent) than all women (8 percent).² More than half (55 percent) of poor infants (under one-year-old) have a mother who is experiencing some level of depressive symptoms and 11 percent have a mother experiencing severe depression.³

Maternal depression has been shown to undercut children's healthy development and stymie families' efforts to escape poverty. Untreated maternal depression negatively affects children, particularly young children. Strong, consistent evidence indicates that a mother's untreated depression undercuts children's healthy development, posing risks to learning, success in school, and adult success.⁴

The effects of maternal depression can be lifelong. Research shows that maternal depression changes a child's brain chemistry and disrupts the child's stress response system, leading to problematic physical and mental health

conditions later in life.⁵ Children with depressed mothers are more likely to develop behavioral problems, social disorders, and learning disabilities. A thorough review of the 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 educational and employment opportunities in their lifetime.⁶

How Ohio is Integrating Behavioral and Physical Health Using Medicaid

Ohio’s Medicaid department is redesigning its community behavioral health benefit to better align services to a person’s need. The state is beginning to transition its behavioral health care into the Medicaid managed care organizations that are currently administering its physical health care plans. This transition, which should be complete by the beginning of 2018, will promote stronger coordination, lower cost, and better overall health outcomes.

Stakeholders in Ohio are optimistic about the opportunity the integration affords the state. Throughout the transition, they want to focus on better serving their most vulnerable customers, particularly mothers and children, with more intensive care needs, by attending to their cross-systems care needs and providing trauma-informed patient care.

For more information: *Seizing New Policy Opportunities to Help Low-Income Mothers with Depression.*

Medicaid Helps Mothers with Maternal Depression Seek Treatment

The Affordable Care Act (ACA) provided states with the opportunity to expand Medicaid eligibility to cover more people, at up to 138 percent of the FPL, benefitting many low-income parents.

Mothers without health insurance face significant financial barriers to getting the care they need to treat maternal depression. Low-income and uninsured women are less likely to get safe and effective treatments for maternal depression.

Medicaid coverage has been shown to reduce the incidence of depression by increasing access to mental health services and diminishing financial barriers to care. Expanding Medicaid to more low-income adults (including mothers) helps increase access to screening, identification, and treatment of maternal depression—improving women’s mental health while also promoting young children’s healthy development and families’ economic security. For example, new research indicates that Medicaid expansion has resulted not only in improved access to medical benefits but also improved access to behavioral health treatment for newly eligible enrollees.⁷

In addition, the ACA provided new policy opportunities to help states address maternal depression in low-income populations. Some of these changes include minimum standards for mental health benefits, provisions that support attention to depression, and a focus on integrated care, quality improvement, and reducing fragmentation between primary care and mental health providers.

The 31 states and DC that have expanded Medicaid coverage are making these benefits available to a large number of low-income mothers. One study predicted that if all states expanded Medicaid there would be a 15 percent decline in the share of low-income parents experiencing moderate psychological distress.⁸

Repeal of ACA and Medicaid Restructuring Would Take Steps Backward on Treating Maternal Depression

Repealing the ACA and restructuring or cutting Medicaid financing would have serious implications for the wellbeing of low-income women and their children. In March, due to a lack of support, House Republicans were forced to suspend a vote on the American Health Care Act, which, if passed, would have been a major step in undoing the historic health care gains of the ACA. Reports persist of Republican efforts to repeal the ACA, to make structural changes to Medicaid and to make deep cuts to federal Medicaid spending. Such action would be harmful for low-income mothers who would face significant barriers to accessing crucial behavioral and mental health services including screening and treatment of maternal depression, potentially hindering their parenting ability. These types of proposals would not only cause the historically low rate of uninsured adults and children to skyrocket, it would directly harm children's healthy development and future outcomes.

We must not jeopardize the critical healthcare coverage for parents that Medicaid has offered them. Efforts to backpedal the Medicaid expansion and underfund the program endanger the lives of our nation's children and families. Doing so has both immediate and longer-term effects on the wellbeing of parents and the ability for their children to succeed in the future.

Moving Beyond Depression™ Using Medicaid

Moving Beyond Depression™ (MBD) is a comprehensive, evidence-based and integrated approach to identifying and treating maternal depression in mothers in home visiting programs. MBD is a systemic program that includes screening, identification, treatment, and follow-up.

South Carolina, Kentucky, West Virginia, and Massachusetts, are using Medicaid to fund MBD treatment through home visiting programs that contract with or are part of organizations that bill through Medicaid. It is anticipated that MBD will be appealing to managed care organizations seeking to address maternal depression in high-risk families because of MBD's demonstrated cost-effectiveness, its broad impacts, and the ability for states to leverage investments already being made in early childhood home visiting.

For more information: *Seizing New Policy Opportunities to Help Low-Income Mothers with Depression.*

Endnotes

- ¹ Stephanie Schmit and Hannah Matthews, *Children Need Health Insurance - So Do Their Parents*, CLASP, 2017, <http://www.clasp.org/resources-and-publications/publication-1/Children-Need-Health-Insurance-1.pdf>.
- ² Marla McDaniel and Christopher Lowenstein, *Depression in Low-Income Mothers of Young Children: Are They Getting the Treatment They Need?*, 2013, The Urban Institute, <http://www.urban.org/research/publication/depression-low-income-mothers-young-children-are-they-getting-treatment-they-need>.
- ³ Tracy Veriker, Jennifer Macomber, and Olivia Golden, *Infants of Depressed Mothers Living in Poverty: Opportunities to Identify and Serve*, The Urban Institute, 2010, <http://www.urban.org/research/publication/infants-depressed-mothersliving-poverty-opportunities-identify-and-serve>.
- ⁴ Myrna Weissman, Daniel Pilowsky, Priya Wickramaratne, et al., “Remissions in Maternal Depression and Child Psychopathology: A STAR*D-Child Report,” *Journal of the American Medical Association* 295, no. 12 (2006).
- ⁵ Center on the Developing Child at Harvard University, “Maternal Depression Can Undermine the Development of Young Children,” *Working Paper No. 8* (2003).
- ⁶ Mary Jane England and Leslie Sim, *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention*, National Research Council and Institute of Medicine (NRC/IOM), National Academies Press, 2009, <http://www.ncbi.nlm.nih.gov/books/NBK215117/>.
- ⁷ U.S. Government Accountability Office, *Options for Low-Income Adults to Receive Treatment in Selected States*, Report To Congressional Requestors, 2015, <http://www.gao.gov/assets/680/670894.pdf>.
- ⁸ Stacey McMorrow, Genevieve Kenney, Sharon Long, and Dana Goin, “Medicaid Expansions from 1997 to 2009 Increased Coverage and Improved Access and Mental Health Outcomes for Low-Income Parents,” *Health Services Research* 51 (2016).