

GOAL: IMPROVE ACCESS TO PREVENTION, SCREENING AND TREATMENT FOR MATERNAL DEPRESSION.



Why: Research is clear that maternal depression has negative consequences for the mother and the child. Depression interferes with parenting and is associated with poor health and development in children.¹ Depression hinders a mother's ability to climb out of poverty and her ability to help children grow and develop. Maternal depression also impacts child well-being in ways that are significant and long-lasting. Children of parents with untreated depression have higher rates of behavior problems and mental illness as well as difficulty coping with stress and forming healthy relationships compared to children whose parents are not depressed.² The chances of poor outcomes increase when a parent's depression is severe or chronic, begins early in a child's life, or is accompanied by other risk factors (e.g., poverty, family violence, discrimination, substance abuse, other health and mental health problems). A mother's maternal depression also diminishes her child's school readiness because it interferes with the ability to deal with stress and interact with peers.³

Supporting Policies & Initiatives:

There is consensus in New York and across the nation that we can and must take action to address maternal depression in the interest of healthy child development and maternal and family health. Developing policies to prevent, identify and treat maternal depression can be challenging because this issue sits at the uneasy intersection of health, mental health, child health, child welfare, and child care and early education. To begin, New York must create better measurements and more efficient methods for sharing data among care providers in order to achieve better outcomes for families and inform policymaking.

- Develop key metrics that can be utilized for implementing continuous improvement on maternal depression across State agencies and through health care providers and community-based organizations.
- Develop a landscape assessment focused on workforce capacity that will aim to understand the needs of geographic areas and populations that have been historically underserved.
- Develop a plan to integrate policies and information on maternal depression across State agencies and with partnerships at the community level that are working in the areas of maternal health, child health, early childhood development and family economic security with an emphasis on strategic alliances to advance health equity.

¹ National Research Council and Institute of Medicine. (2009). *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention*. Committee on Depression, Parenting Practices, and the Healthy Development of Children. Board on Children, Youth, and Families. Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

² National Research Council and Institute of Medicine. (2009).

³ Child Psychiatry Human Development (2012). *Early School Outcomes for Children of Postpartum Depressed Mothers: Comparison with a Community Sample*. Kersten-Alvarez, Hosman, Riksen-Walraven, vanDoesum et al. 201-218