

Texas losing \$2.2 billion by not treating mothers' mental health, report says

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What is the cost of untreated mental health for moms and their children

from pregnancy to age 5?

A new study sponsored by St. David's Foundation and Texans Care for Children found that in Texas, it's \$2.2 billion for that roughly six-year period. The study by Mathematica used 2019 data and found that 1 in 8 pregnant or [postpartum women](#), or 13.2%, had a maternal mental health condition.

Mathematica arrived at the \$2.2 billion figure by looking at both income loss and the increased cost of care. Women with untreated mental health conditions such as anxiety and depression had income loss from absenteeism and a lower likelihood of being part of the workforce; increased suicide rates; and worse maternal health, including pre-eclampsia and an increased need for cesarean delivery.

Their children's cost of care increased because of [low birth weight](#) or preterm birth; lower likelihood of being breastfed; increased risk of sudden infant death syndrome; more behavioral or developmental disorders; and worse childhood health, including an increase in asthma, injuries and obesity and fewer preventive health visits.

This report starts "unpacking all the ramifications of untreated mental health," said Lourdes Rodríguez, a senior program officer at St. David's Foundation, which paid for the study with a \$50,000 grant. "It's not just the individual, but it's about the population. You can see this has implications for the state."

For each mother-child pair with untreated maternal mental health conditions, the average cost was \$24,796 the first year and \$44,460 through the child's fifth birthday.

"This is a small fraction of what the cost is," said Caroline Margiotta, the lead author of the study from Mathematica. "The cost of pain and

suffering or stress, we couldn't quantify that."

It also doesn't include the cost of the impact a mother's mental health has on nonmaternal caregivers such as fathers or grandparents, or the cost of the impact on siblings of the children.

"If anything, the cost of not adequately treating (maternal mental health conditions) is an underestimate," said Dr. Jeffrey Newport, a psychiatrist and director of women's reproductive mental health at the Mulva Clinic for the Neurosciences at UT Health Austin.

The cost doesn't end on the child's fifth birthday. He pointed to studies that have shown lifelong risks to the children for heart disease, diabetes, substance abuse and their own mental health diagnoses.

"Moderate to severe depression or anxiety is not only unpleasant, not only potentially dangerous to the mother, it's also potentially harmful to the child," he said.

The Texas study follows a national one Mathematica did two years ago that found the cost of maternal mental health was \$14 billion nationally, but that national study didn't include a breakdown by race and ethnicity.

Texas' numbers provided a chance for the researchers to see health inequities. Untreated maternal mental health conditions occurred in 18.2% of Black women, 12% of Hispanic women and 11.4% of non-Hispanic white women. The cost for each mother-child pair also was different by race and ethnicity. Black mother-child pairs had an average cost of \$62,000 over the almost six years; Hispanic mother-child pairs and non-Hispanic white mother-child pairs both had an almost six-year cost of \$43,000.

"If we do not segregate by race and ethnicity, you could underestimate

the impact for communities," Rodríguez said. "This is an important feature of this work and a contribution that Texas is sharing with the rest of the nation."

Texans Care for Children is recommending policy changes to address the cost of untreated mental health and disparity.

It recommends:

- Extending a woman's access to Medicaid from 60 days after giving birth to 12 months. Many mental health conditions, substance abuse and suicide risks emerge more than 60 days after birth.
- Accepting federal funding at a 90% match to expand Medicaid.
- Fully funding Medicaid, CHIP, Healthy Texas Women and the Family Planning Program and provide the staff to enroll eligible women.
- Using a network that is already in use to connect pediatricians to psychiatrists for patient consultation over the phone and enable it to be used when doctors are treating moms with mental health symptoms.
- Adding more access to group-based [prenatal care](#) and pediatric care programs in addition to individual prenatal and well-check medical visits.
- Developing health care and mental health services that have input from women of color and meet their needs in a culturally responsive manner.

"The hope is that policymakers will read it and take the results to heart," Margiotta said.

Rodríguez hopes the report will speak to those who care about women and children's health as well as those who care about the effect untreated

mental health conditions have on the workplace because of absenteeism or dropping out of the workforce.

"We think it's important for everyone to weigh in on improving access to treatment," Rodríguez said, including employers in picking their employee health plans.

"There are definitely solutions," said Adriana Kohler, policy director at Texans Care for Children. "This report shows the cost of failing to address postpartum depression, failing to treat these issues. To reduce [costs](#), the legislature and stakeholders can give more access to treatment and screenings."

For obstetricians, the study puts a dollar figure around what they have been seeing in practice.

"The study points to a relatively simple solution: Hey, let's treat prenatal mood disorders, and you will save a ton of money," said Dr. Kimberly Carter, an obstetrician-gynecologist at UT Health Austin and Ascension Seton. "Who can't get on board with that?"

Carter has seen an increased focus on a mother's mental health both before birth and after. Having pediatricians screen for it once the baby is born and having gynecologists do mental health screenings in each trimester and during the post-birth visit have improved care, but once a physician identifies a woman who needs mental health care, doctors often run into a lack of mental [health](#) providers, especially those who will take Medicaid or insurance, Carter said.

The report, Rodríguez said, is "the invitation for everyone that is in a position to have an impact. What is theirs to do?"

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