

Postpartum Depression and the Economic Growth of Young Texas Families

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Postpartum depression is the most common complication of childbirthⁱ and can affect families in a range of ways, including in terms of health, family stability, and economic security.

Nearly 15% of women in the United States will experience postpartum depression (PPD) symptoms,ⁱⁱ but that rate rises to 17% for Texas women.ⁱⁱⁱ The condition can occur up to a year after delivery but is also frequently observable during pregnancy—which is why the condition is sometimes referred to as perinatal or maternal depression—and can include anxiety, difficulty performing daily tasks, sleeplessness, acute feelings of guilt, and major depressive episodes.^{iv}

With recent estimates putting the number of annual births in Texas at just under 400,000,^v over 68,000 mothers of infants in the state are likely to suffer from the condition every year. Further, because Millennials make up the vast majority all new mothers,^{vi} Texas's young families are particularly at risk.

While suicide is a leading cause of mortality in postpartum women,^{vii} even less-acute cases can significantly affect families. While the emotional consequences of PPD should not be downplayed, the economic impact of untreated maternal depression can be devastating to the stability of new families across the state as well. In addition, because young, low-income women are most at risk for the condition, the onset of PPD can exacerbate already existing financial struggles.

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Texas lawmakers have taken positive steps to increase access to supports for those coping with PPD, but given the pressing need, further improvements remain critical.

Economic Impact

Given that the average age of new mothers is just over 26^{viii}—squarely in the middle of the span of the Millennial generation^{ix}—any economic consequences of postpartum depression are likely to hit at a particularly vulnerable time in a young woman’s life. Not only will affected parents be juggling their condition and the birth of a child, but they will also be working to launch their careers with little savings built up.

Postpartum depression has been associated with decreased employment and income in affected mothers,^x and young workers suffering from depression are more likely to become unemployed than non-depressed workers.^{xi} Further, depression can significantly reduce college completion rates, with dropout rates doubling among depressed students.^{xii}

Given the important role mothers—and all women—play in today’s workforce, these declines in income and employment could impair Texas’s economy for years to come. Sixty-one percent of Texas mothers are the primary or co-breadwinners for their families and 65 percent of all Texas women are in the labor market.^{xiii} In addition, PPD has also been tied to negative outcomes for children—such as language development and other vital components of school readiness^{xiv}—that can impair the ability of these youngest Texans to obtain economic security as they grow older.

For Millennial parents, a diagnosis of postpartum depression can significantly exacerbate the particular financial challenges that disproportionately affect this generation, such as high rates of student debt.

Adding to these economic repercussions, today’s young parents face economic burdens that parents from previous generations simply did not experience, setting the stage for the economic stability of Millennial families to be disrupted by PPD to an extent not previously observed.

While over 90 percent of those born in 1940 made more money and enjoyed higher living standards than their parents, those born in 1980 have only a 50–50 chance of that outcome.^{xv} Millennials are also the generation least likely to

be insured,^{xvi} face wages that failed to return to pre–Great Recession levels as quickly as older generations,^{xvii} and increasingly *must* complete some form of higher education in order to climb the economic ladder. In fact, taking on student debt is an increasing necessity for young Texans: In less than five years, over 60 percent of Texas jobs will require some form of post-secondary education.^{xviii}

Given the economic challenges young families already face, those struggling with the economic consequences of postpartum depression could face near-insurmountable challenges to finding their financial footing.

Income and Racial Disparities

This economic impact of postpartum depression is even more troubling when one further understands the populations most likely to be affected by the condition.

Younger mothers, as well as those already struggling economically, are among those most at risk for PPD.

A 2010 report showed that women in Texas aged 20–24 had nearly twice the rate of PPD than women over 35 years of age.^{xix} And the risk of postpartum depression in low-income women is high and has been observed to double in some populations when compared to the general population,^{xx} exacerbating the fact that one in

five young families live in poverty.^{xxi}

In fact, more than half of low-income urban mothers met the criteria for a diagnosis of depression at one point between two weeks and 14 months after giving birth.^{xxii} Decreases in economic stability brought on by postpartum depression only increases the likelihood that these families will be forced to rely on public assistance and social welfare programs.

Additionally, there are clear racial and ethnic disparities in who accesses treatment even among women of the same general socioeconomic status: 9 percent of white women seek treatment, compared to 4 percent of African American women and 5 percent of Latinas.^{xxiii} With African American women and Latinas in Texas earning respectively 59 cents and 44 cents for every dollar that white men earn,^{xxiv} these disparities in treatment can further worsen the ability of young families of color to move up the economic ladder.

Next Steps for Texas’s Policymakers

Thankfully, state lawmakers have demonstrated their awareness of the seriousness of the condition by including PPD treatment under the Texas Women’s Health program^{xxv} and by making the issue a key area of focus at relevant interim hearings.^{xxvi} And Governor Greg Abbott’s recent call to expand eligibility for postpartum depression treatment under Medicaid would significantly help those most at risk for the condition.^{xxvii}

But there are smaller steps to improve screening and treatment for PPD that could also be explored. And while state investment is warranted, a recently enacted federal grant opportunity for treatment of postpartum depression could also be used by state officials to reach more women.^{xxviii}

Recent proposals have drawn attention to the need for more caregivers to be authorized to provide postpartum depression treatment in the state.^{xxix} For example, one particularly effective way of expanding the number of women screened for the condition would be to allow pediatricians and family doctors to screen for PPD at a child’s check-up, as has proven successful in other states.^{xxx}

In addition, a recent report by the U.S. Health and Human Services Department demonstrated that screening alone resulted in a 70 percent increase in improvements to parents’ emotional well-being generally.^{xxxi} Using telehealth strategies, such as video calls and text messaging, could be a low-cost way to reach more new mothers suffering from depression. The Texas House of Representatives’ Select Committee on Mental Health recently noted that physicians raised the difficulty they currently face in doing so because telehealth services are generally authorized only in rural areas.^{xxxii}

Policymakers should explore cost-effective strategies to reach more women who may be suffering from PPD, such as allowing pediatricians to provide screenings for the condition and testing innovative telehealth approaches.

Given the prevalence of the condition—as well as difficulties that come with traveling and taking time off from childcare and work no matter where a new mother lives—policymakers should explore expanding telehealth services for PPD in suburban and urban areas as well as rural areas.

Finally, new cultural competency initiatives, designed to test and examine best practices to help address racial disparities in accessing care, should be explored within any new and existing programs.

Regardless of the approach taken, the cost of inaction is too high. For Texas's young families, who are already struggling with high student debt payments and disproportionately low wages, that cost could prove an insurmountable barrier to long-term economic security.

Endnotes

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