



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

**OFFICE OF FAMILY ASSISTANCE**  
An Office of the Administration for Children & Families

**2017 Linking TANF Families to Employment  
and Economic Opportunities Meeting**

**Improving the Mental Health of  
Mothers and Children in Public  
Housing**

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*Yale School of Medicine*  
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# Achievement of Optimal Child Outcomes Requires Building the Capacities of Adults Who Care for Them



Violence

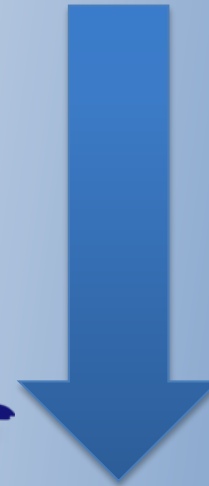
Mental  
Illness

Substance  
Abuse

Stress

Poverty

Adverse childhood  
Experiences



Adverse  
childhood  
Experiences

Stress

Mental  
Illness

Violence

Substance  
Abuse

Poverty

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- **20.6** million children live with an adult with a mental illness.<sup>1,2</sup>
- Children of depressed as compared to non-depressed parents are more likely to develop psychiatric illnesses, and are at greater risk for social, cognitive, and medical difficulties.<sup>2</sup>



<sup>1</sup> Prince M. *Lancet* 370: 859-877, 2007. Kessler RC. 2005 JAMA

<sup>2</sup> *National Academies of Science*, 2010



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- Depression impacts a mother's ability to escape poverty:
  - Difficulty getting and keeping a job
  - Increased absenteeism and reduced productivity among those who have jobs
- Early Head Start participation increased mother's participation in education, job, training and employment. Depressed mothers did not.
- For poor mothers specifically, treatment and employment services combined can help them earn higher wages, increase work productivity



## The Problem

### **(1) Need for optimization of programs that address maternal depression.**

- (1) Scalability of programs
- (2) Depressed mothers are the hardest to reach but most necessary to engage
- (3) Focus on subpopulations—who and where

### **(2) Increase utilization of impactful programs**

- (1) Systems integration
- (2) Alignment of funding sources





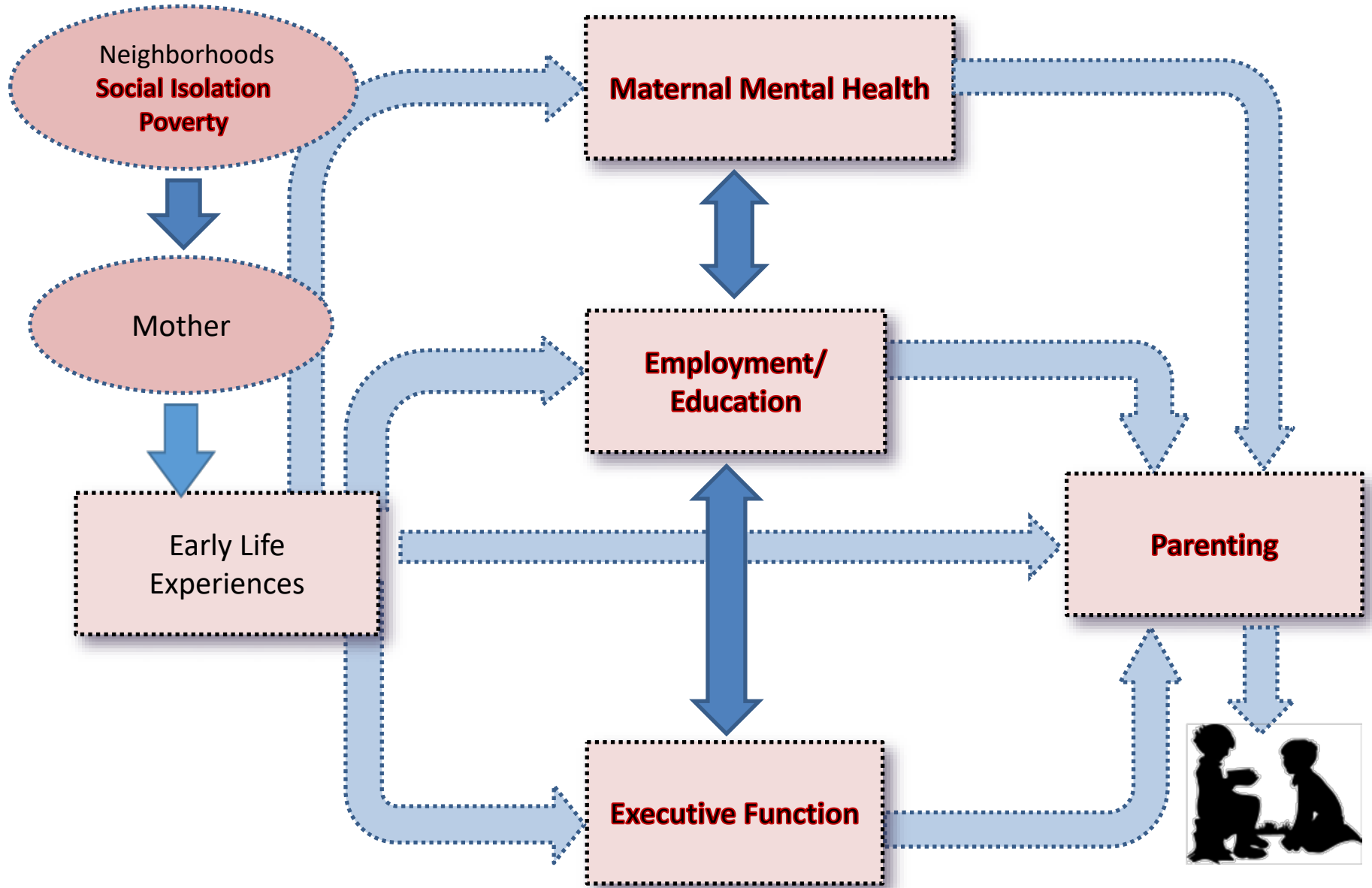
THE NEW HAVEN  
**MOMS PARTNERSHIP**

Ensuring the Emotional Health of Our City's Families

Yale SCHOOL OF MEDICINE



# MOMS Partnership Theory of Change



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The mission of the New Haven MOMS Partnership is to transform service delivery systems for mothers and children through community and neighborhood-based resources dedicated to wellness; thereby strengthening **generations** of families to flourish and succeed.

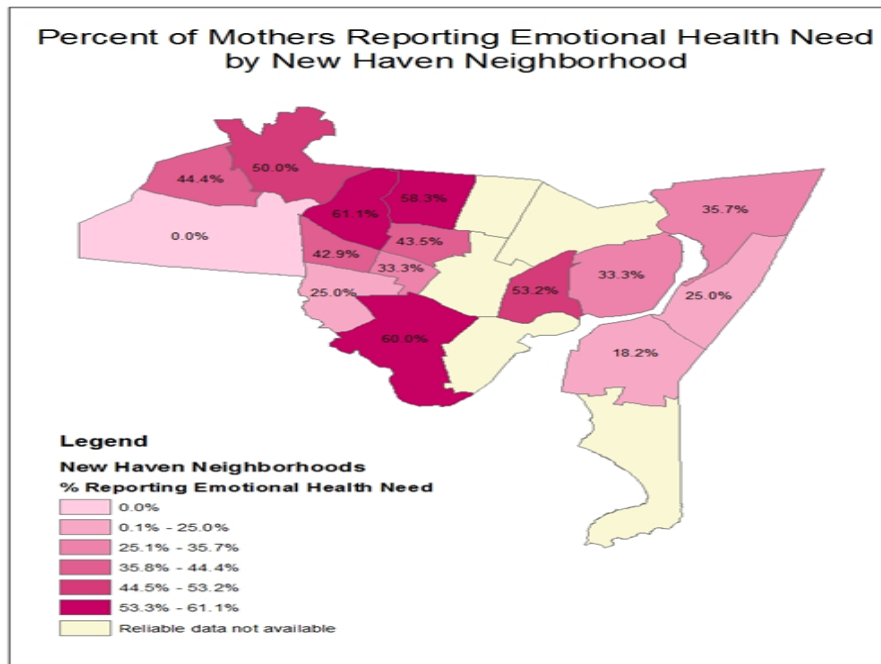


Photo credit: Alyssa Thompson



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## Low-income female caregivers with children under the age of 18.



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## The Women Served by MOMS

- **Low average income:** 200% FPL
- **Fifth grade reading level:** Limited employment opportunities
- **Transient:** Average of five moves in the last year
- **Instability & Isolation:** Violence, incarceration, no support network
- **Stressors:** Food insecurity, sporadic heat and electricity
- **Incidence of Severe Depressive Symptoms:** 73%



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## Core Component: Formalized Partnerships

- Clifford Beers Guidance Clinic
- Housing Authority of New Haven
- New Haven Health Department
- New Haven Healthy Start
- New Haven Public Schools
- State of CT Department of Children & Families
- State of CT Department of Social Services
- The Diaper Bank
- Yale School of Medicine



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# Core Component: Mother-informed

1.) Securing stable **employment**

2.) Furthering education

3.) Managing stress

Support: Food stamps, housing

**N=3,636**



# Core Component: Community Mental Health Ambassadors

- Core responsibilities:
  - (1) engagement, outreach
  - (2) brief intervention (screening and referral)
  - (3) delivery of mental health intervention
  - (4) parent perspective, continuous feedback
- “Task shifting” –V. Patel
- Existing staff: cashiers, health department outreach workers, home visitors, TANF case worker



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# Core Intervention: CBT

## Cognitive Behavioral Therapy

- 8 group sessions
- 90-minutes in length
- Skill-building
- Most efficacious treatment for depressive and anxiety symptoms



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## CMHA Responsibilities in CBT

- 4 components of each class:
  - (1) relaxation exercises
  - (2) completion of the mood scale (1-10 ratings)
  - (3) homework help
  - (4) leads role plays and modeling exercises
- Tracks coverage of key components of class
- Homework Help



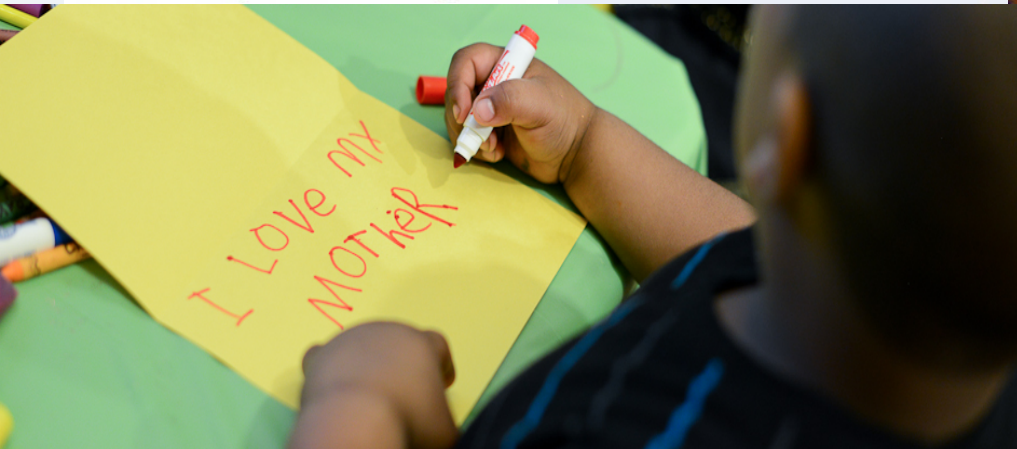
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# Core Component: Innovation in location

- Integration of health in non health settings is essential to addressing chronic health needs <sup>1</sup>
- Supermarket, Public Housing Complexes, Churches, Laundromats-- “HUBS”



<sup>1</sup> IOM. Living Well with Chronic Illness: A Call for Public Action. 2012





# Incentives

## Why Diapers Matter

Without Diapers — Babies Cannot Participate in Early Childhood Education  
 Without Childcare — Parents Cannot Go to Work

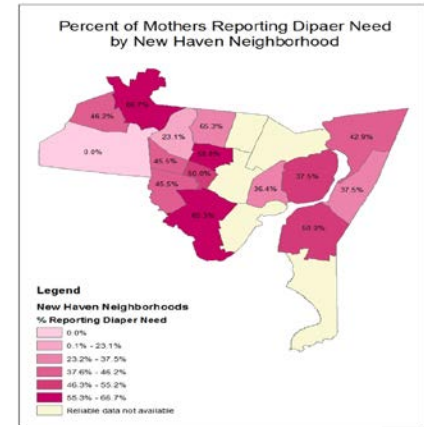


## Why Does Early Childhood Education Matter?

Students that participate in early childhood education are 2.5 times more likely to go on to higher education.



Source: *Economic Impacts of Early Care and Education in California*. UC Berkley Center for Labor Research and Education



**PEDIATRICS**  
 OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Diaper Need and Its Impact on Child Health  
 Megan V. Smith, Anna Kruse, Allison Weir and Joanne Goldblum  
*Pediatrics*; originally published online July 29, 2013;  
 DOI: 10.1542/peds.2013-0597

The online version of this article, along with updated information and services, is located on the World Wide Web at:  
<http://pediatrics.aappublications.org/content/early/2013/07/23/peds.2013-0597>



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BRIEFING ROOM

ISSUES

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# The Diaper Divide

MARCH 10, 2016 AT 8:00 AM ET BY CECILIA MUÑOZ



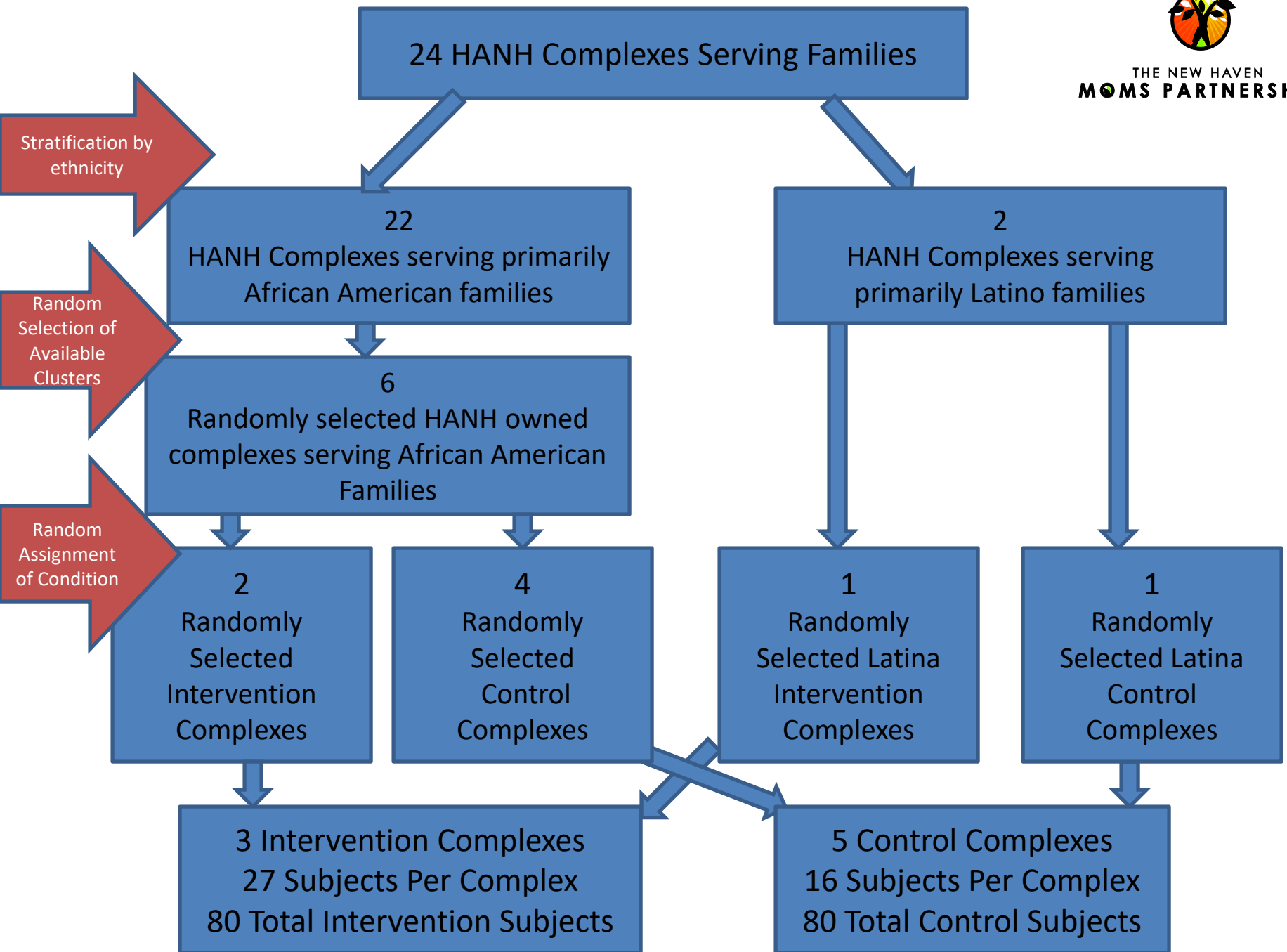
**Summary:** Many parents are struggling to afford diapers and making choices no one should have to make.

I remember being astounded at the rate at which my two girls used diapers when they were born. I'd drive out to the big box store and buy case after case, knowing I'd be back soon. Today, many parents can have bulk orders delivered directly to their doorsteps with the diapers their child needs, when they need them - at a lower cost than ever before. Technology and the new economy have given us access to necessities like diapers at just the click of a button.

But the benefits of this new economy aren't available to all Americans, and the consequences of that divide are severe. Nearly 1 in 3 families struggle to afford diapers for their babies. In some cases, moms and dads stretch the time between diaper changes to make their limited resources last.



Nearly **1 in 3 American families struggle to afford enough diapers**, which can lead to serious health



Demographic Characteristic (N=185)	N (%)
Mean age of mother	38.5 years (SD 11.3)
Race/ethnicity	
Caucasian	2.4%
Black/African American	77.1%
Hispanic/Latina	19.3%
Other	1.2%
Work Status	
Working full time	8.6%
Working part time	22.9%
Not working	68.6%
Mean (SD) number of children under 18	1.7 (1.2)
Major depressive episode	75.7%
PTSD	12%

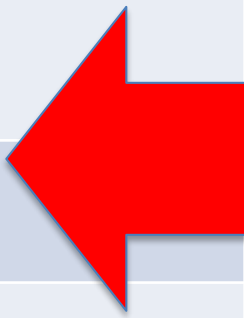
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- Three MOMS' cohort studies (n=225) found that mothers' treatment was associated with child improvements in mother's depression, working memory, mental flexibility, self-regulation.
- Treatment of maternal depression was predictive of improvement in child school attendance and mother-child relationships and interactions.



## Table of Clinical Characteristics in MOMS CBT (N=185)

<b>Attendance at classes</b>	
Attended less than 4 classes	7%
Attended more than 4 classes	94%
Attended 8 classes	89%
Homework completion rate	73%
<b>Yes, I would recommend to a friend</b>	97.4%
<b>Reduction in depressive symptoms (baseline to 6 months)</b>	63%



# Table of Cognitive Function (CogState) Tasks by Time

Cog State Task	Baseline	6 month	P Value	Effect Size
<b>Groton Maze Learning Task/Executive Functioning (Rule Break Errors)</b>				
<b>N</b>	180	169		
Median (Q1, Q3)	42.5 (21, 57)	28 (11, 60)	.0001	<i>0.54</i> <i>(0.36 - 0.71)</i>
<b>Go/No Go Task (Speed)</b>				
<b>N</b>	180	169		
Mean (SD)	2.94 (0.08)	3.95 (0.08)	.004	0.20 (-0.44, 0.85)

<sup>a</sup> 3 failed integrity criteria on Groton Maze, 2 on Go/No Go



# Table of Initial Outcomes on Parenting Scales: MOMS CBT (N=85)

	<b>Baseline</b>	<b>Class 8</b>	<b>6 month</b>	<b>P-value</b>
	Mean (SD)			
<b>Parenting Stress Index-Parental Distress</b>	81.6 (16.2)	72.5 (17.1)	63.6 (21.2)	0.05
<b>Positive Parenting Practices</b>	2.7 (2.3, 3.0)	3.3 (2.5, 3.0)	3.4 (2.5, 3.0)	0.04
<b>PRFQ</b>				
Certainty and curiosity in mental states	5.6 (1.3)	--	8.1 (1.6)	0.03

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# MoMba

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**Tokens to claim** 50  
Here you can claim your tokens, to add them to your bank!

Claim tokens from:  
**Completed challenge** + 50  
Don't Let the Flu Get You!

all   **PEOPLE** 53

profile   activity



**Sudawna W**

Baby name  
Baby gender   boy ♂  
Baby age   Due Nov 16

Location   Da Hill Section  
Neighborhood   Church St South  
Home town   New Haven

+1   +6   +10   +1   +2



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NIMH #100456-01

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Kresge Foundation  
Ford Foundation  
Yale-New Haven Hospital



[www.newhavenmomspartnership.org](http://www.newhavenmomspartnership.org)

