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OPINION

# We know how to improve kids' mental health. Let's act

Research shows anti-poverty policies promote better health



children who benefit from anti-poverty interventions such as Medicaid expansion and cash assistance via an expanded Earned Income Tax Credit have healthier brains and improved mental health outcomes, research shows. (Getty Images)

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By Mary Beth Bennett and Michael Hole  
1:30 AM on Jun 1, 2023 CDT



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It took six hospital staffers to stop 11-year-old Lucia from bloodying her face on the emergency department floor. She thumped her head against the linoleum tile over and over until she passed out. Her family felt they could no longer keep her, or their other children, safe at home. Doctors had spent years cycling Lucia through various medications to treat her depression and post-traumatic stress disorder, but nothing made a real difference.

As pediatricians, we often focus on helping patients in crisis get the care they need to recover, but we sometimes feel powerless to address the social and systemic roots of the problem. Fortunately, [new research](#) published in the journal *Nature Communications* outlines a promising path toward preventing mental health crises for kids. Health care leaders and state legislators should seize the moment to enact policies that could prevent children like Lucia from ending up on an emergency room floor.

We've [written elsewhere about](#) the power of national anti-poverty policies to improve poor children's health and well-being. And research [has shown that](#) kids in lower-income families are roughly twice as likely to suffer poor mental health, typically with fewer treatment options available outside the hospital, a problem [exacerbated by](#) the COVID-19 pandemic.

The new study from Harvard University and Washington University in St. Louis analyzed information on more than 10,000 children that had been gathered as

part of the largest-ever U.S. data-collection project on child brain development. It provides strong evidence that increased state-level social programs greatly influence youth brain development and mental health, with broad implications for addressing the roots of the mental health crises that affect children like Lucia.

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## Opinion

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Specifically, the researchers showed that children who benefit from anti-poverty interventions such as Medicaid expansion and cash assistance via an expanded Earned Income Tax Credit have healthier brains and improved mental health outcomes, compared with children who lack these socioeconomic supports. The findings held true across diverse demographic groups, regardless of population density, unemployment rates, state-funded preschool enrollment and other important variables.

Pediatricians and parents already know that Medicaid expansion makes good economic and common sense. Families who fall into [the coverage gap](#) — incomes too low for health insurance marketplace subsidies but too high to qualify for Medicaid — have trouble accessing affordable primary and preventive care, ultimately costing more health care dollars when kids get sick.

Yet, despite the overwhelming popularity of Medicaid expansion in the 40 states that have opted in, 10 states, including Texas, continue to decline available federal funds to expand health care coverage to 138% of the federal poverty line.

In February, state Sens. Nathan Johnson and César Blanco introduced Senate Bill 71, the most recent of [several legislative attempts](#) to cover the estimated 771,000 Texans without health insurance who would qualify for expanded Medicaid. And U.S. Rep. Lizzie Fletcher, of Texas' 7th District, has introduced the [ACCESS Act](#), a federal Medicaid program designed to expand access to affordable health care. Surely Texas' leaders recognize that such care shouldn't be [restricted to new mothers](#), although the April 21 bipartisan passage of House Bill 12, which extends Medicaid coverage through 12 months postpartum, is welcome news.

To further support young families, 13 states have adopted popular paid-family-leave programs, bolstered by [causal evidence](#) showing that such programs increase parents' engagement with their kids, lower poverty rates and reduce hospital admissions for abuse-related head trauma in children. Texas HB 2604, known as the [Texas Family Act](#), would entitle Texas employees to 12 weeks of paid leave after the birth or adoption of a new child.

Voters, including pediatricians, in Texas and the nine other states that have not expanded Medicaid should urge their state legislators and governors to finally get it done. In addition, more states should follow Washington and Colorado in making at least six weeks of paid family leave accessible to low-income working parents. And all 50 states should implement cash assistance programs, such as an expanded Earned Income Tax Credit, to ensure working families can make ends meet. After all, prioritizing the mental health of our children should be above partisanship. It's humane, and just plain practical.

No one should have to witness their child, or their patient, beat themselves bloody at enormous cost to a family, a child's future and our country at large. We know how to help children who are at risk. It's time to act.

*Dr. Mary Beth Bennett is a pediatrician in Seattle and an alumna of Southern Methodist University and the University of Texas at Austin. Dr. Michael Hole is a pediatrician and policy professor at The University of Texas, where he leads The Impact Factory, a hub for community service and entrepreneurship. They wrote this column for The Dallas Morning News.*

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