BRIDGING CULTURAL BARRIERS TO PERINATAL MENTAL HEALTH CARE IN NEW AMERICANS

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Problem Identification and description of need and AHEC Focus Area

Mental Health outcomes in the perinatal period are worse in New Americans and refugees

- 1 in 4 peripartum women who are migrants will experience depression
  - 1 in 5 perinatal anxiety
  - 1 in 11 perinatal PTSD
  - Burden of perinatal mental health is worse in forced migrants than economic migrants (1 in 3 perinatal depression, 1 in 5 perinatal PTSD)
  - All migrants experience higher burden than non migrants (Stevenson et al., 2023)
- Barriers to care for refugees/asylum seekers:
  - Social isolation resulting from barriers to care
  - Mistrust of health professionals
  - Financial concerns and poverty (Heslehurst et al., 2018)
- **Problem: how do we improve access to care for New Americans/refugees in the perinatal period and improve cultural competence in providing this care?**
- AHEC focus area: Behavioral Health Integration and Cultural Competency

Public health cost and unique cost considerations in host community

- Total societal cost (direct+indirect costs) of untreated Perinatal Mood and Anxiety Disorders (PMADS) in Vermont was **$48million in 2020** (considering birth-5 years postpartum)
    - Largest drivers: preterm birth, productivity lost, non-obstetric health expenditures, and child behavioral or developmental disorders
- Equates to **$35,910 excess cost** per birthing parent with untreated PMAD and their child
- Nationally ½ of birthing parents in the perinatal period with depression do not get treatment (Platt et al., 2023)

Community Perspective on Issue

Dr. Sarah Guth- psychiatrist who specializes in perinatal mental health:

Dr. Guth spoke mostly about her experience working with Somali Bantu moms. “For these moms they live in two worlds … They are caught between two cultures. They grew up in the US, their moms are often here with them also helping continue Somali Bantu cultural beliefs. Mental health is a sign of weakness, they get different messages from their elders.”

“A lot will talk about how Africa was different and better. Actually had time for self care because you lived with a bunch of women taking turns taking care of kids. Sure your mom could "do it all" without feeling lonely, stressed or anxious, but this isn't the culture you live in anymore. You live alone and not with your sisters. Stresses of the culture you live in right now may be leading to the mental health struggles. You don't have the infrastructure to live the way they did.”

Community Perspective on Issue and Support for Project

Julie Parent-- works for VCHIP (Vermont Child Health Improvement) has done a qualitative study of interviews with New Americans who have experienced PMADS:

"Nepali women are very private, it is a small community in Vermont. There is still a pretty significant stigma around mental health problems. It was extremely hard to even get the interviews in."

Themes from her briefing report: *Improving Screening, Treatment and Access to Perinatal Mental Health Services for Refugee Women – Perspectives of Pregnant and Postpartum Refugee Women Living in Vermont, United-States*

- Cultural barriers identified:
  - Language barriers, challenges with interpretive services, stigma, alternate customs and practices around mental health
- Label of being "crazy," afraid their communities will find out
  - Importance of privacy
- Financial stress comes first
  - Need to meet their basic human needs before addressing mental health
  - Difficulty engaging in healthcare system due to childcare responsibilities
- Patients enjoyed support groups better than one-on-one counseling
- Some respondents did not always answer screening questions truthfully because they did not want to discuss mental health issues with healthcare providers.

Intervention and Methodology

- Conducted interviews with perinatal psychiatrist Dr. Sarah Guth and Julie Parent from Vermont Child Health Improvement. Spoke with an OBGYN social worker about ways to improve care for clinic patients.
- Identified the Nepali and Somali communities as two of the largest groups of New Americans being served in the Burlington area.
- Found translated patient information about perinatal depression warning signs in different languages using the NIH's MedlinePlus website
  - https://medlineplus.gov/languages/postpartumdepression.html
- Provided translated perinatal mental health information in Nepali and Somali to Community Health Centers of Burlington OBGYN social worker to distribute to patients

Results/Response Data from Project

Qualitative Results:

- Perinatal mental health outcomes are worse in New Americans, particularly in refugee patients
- Mental health stigma and cultural differences in views on mental illness impact New Americans' willingness to discuss mental health concerns with healthcare workers
    - This is in addition to language barriers, time constraints, financial barriers, and general mistrust of medical professionals
- Community groups with cultural brokers addressing perinatal mental health are among the most useful interventions according to interviewees

Evaluation of effectiveness (actual or proposed) and limitations

Proposed evaluations of effectiveness:

- Survey patients at Community Health Centers of Burlington about their knowledge of PMADS before and after reading the informational pamphlet
- Hold interviews with patients to see if the information in the pamphlet was helpful

Limitations

- There is a high rate of illiteracy in the populations served by the Riverside Community Health center, limiting the utility of written materials

Recommendations for future interventions/projects

- Hold community meetings with cultural brokers to discuss PMADS
  - This can help normalize these topics and help bridge cultural differences in mental health acceptance
- Create a script for cultural brokers to use when discussing PMADS with their clients
- Create visual representations of perinatal mental health symptoms that healthcare workers can use to discuss these issues with their patients

References

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