

NURSES, PROVIDERS, AND MOTHERS TEACHING US ABOUT LOW INCOME MOTHERS ACCESS TO MENTAL HEALTH CARE

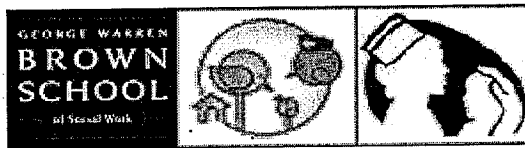
Susan Pfefferle

and

The NUMOMS Team



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The Team for This Paper

- ▣ Ana Baumann-Center for Latino Family Studies, Washington University
- ▣ Paul Sterzing-Washington University
- ▣ Debbie Layton-Nurses for Newborns Foundation
- ▣ Lisa Lawrence-Center for Mental Health Services Research, Washington University
- ▣ Ben Cooper-Nurses for Newborns Foundation
- ▣ Donna-Mae Knights-Washington University

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Presenter Disclosures

No relationships to disclose.

Background

- ▣ Low income women at higher risk of depression
- ▣ They are also less likely to engage in treatment
 - Instrumental barriers
 - Beliefs and Knowledge
- ▣ Parental depression has profound impacts on child health and development

Our Work

- ▣ St. Louis, Missouri area
 - High rates of depression in the community
 - High rates of poverty in the City

- ▣ Nurse Home Visitation
 - Case management model
 - No one turned away
 - Already screened for depression

Systems of Care for New Moms: Integrating Depression Treatment

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- ▣ Aim 1: To adapt a depression treatment for implementation in nurse home visitation programs

To do this, we thought it best to talk with those who would be getting or delivering the treatment

Our Questions

- ▣ How are mental health service systems currently working for low income new moms?
- ▣ How do women experience depression?
- ▣ How do they experience help-seeking?
- ▣ What is the experience of nurse case managers in home visitation trying to get care for moms with depression?

Data Collection

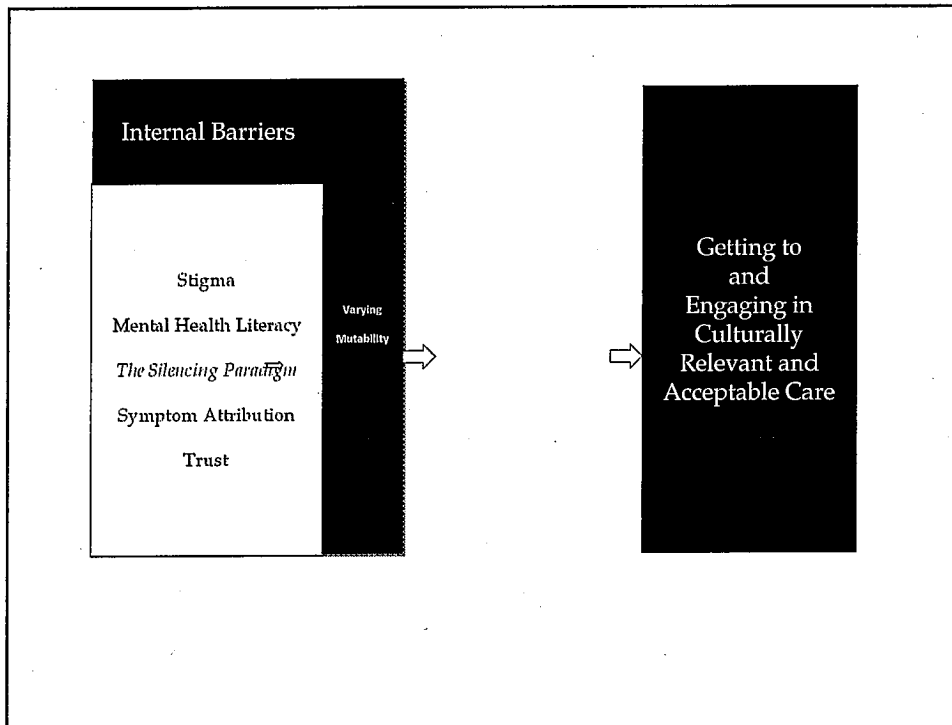
- ▣ Extensive literature review
- ▣ Three focus groups with depressed women served by Nurses for Newborns Foundation
- ▣ Interviews with 4 nurses and 5 community providers
 - Pediatrician, social workers, community health center nurse, county health department administrator

Findings

- ▣ Stigma of mental illness identified by mothers, nurses, community providers
- ▣ Mothers who had received treatment in the past were generally favorable about treatment
- ▣ Mothers who had not received treatment in the past were fearful of mental health clinics, and concerned about labels such as, "*Crazy,*" "*They tie you down,*" and "*Ashamed.*"
- ▣ Most women attributed depressive symptoms to life
- ▣ FEAR of getting any type of help

Findings

- ▣ Mothers, nurses, and providers identified the myth of the strong black women (getting help is a sign of weakness) and *whatever doesn't kill me makes me stronger*
 - *Black women have traditionally been taught that they can handle anything*
 - *They will be considered weak if they seek counseling or mental health services*
 - *They lose respect if they seek help in any way*



Findings

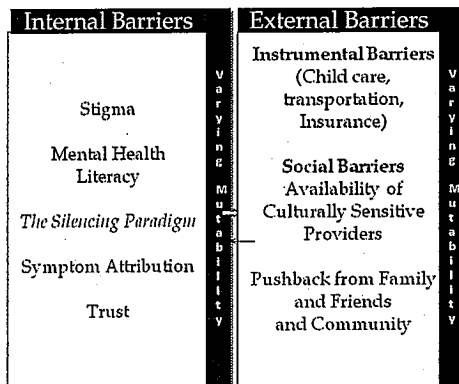
- ▣ Religiosity played a major role in women's approach to depression – in both positive and negative ways

And, when I feel like, when I pray at night, I say a prayer. I wake up the next morning and I'm okay...I can't just talk to a nurse about the depression.

I was having trouble with something, and I did talk to my minister, a minister, and they actually brought me down more.

Findings

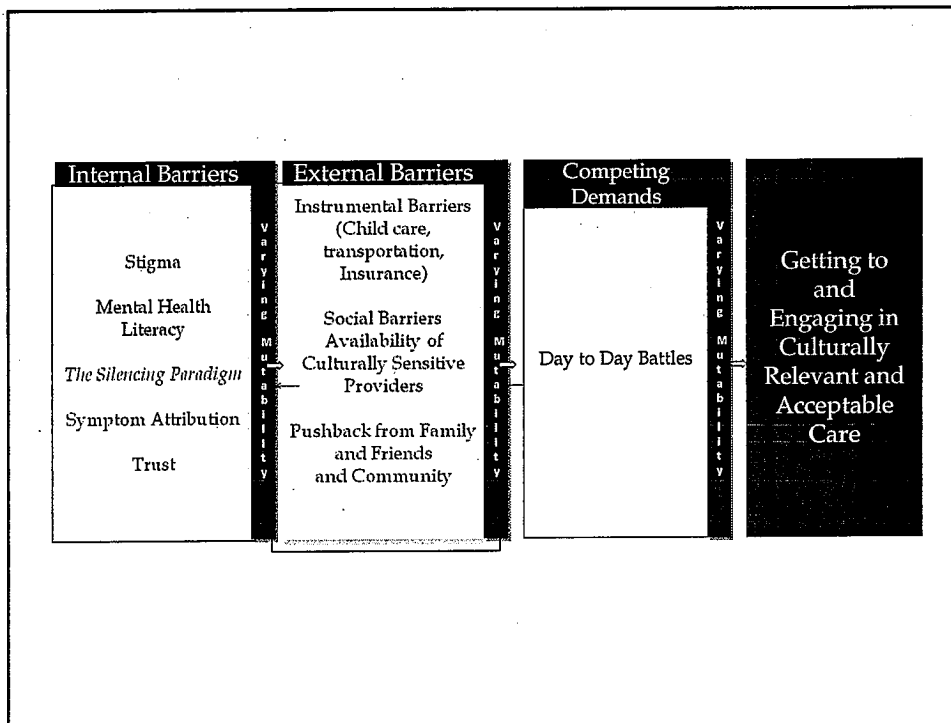
- ▣ Nurses told us that they would often convince a woman to get treatment only to have her mother convince her not to go.
- ▣ One mother explained it this way, *People thinking that you're okay. "Oh, you're fine, you're fine. You don't need help. You're just fine. Look, you're getting up everyday, and taking care of the baby, and ya, ya, ya, you're fine," assuming that they know what is happening inside of you.*



Getting to and Engaging in Culturally Relevant and Acceptable Care

Findings

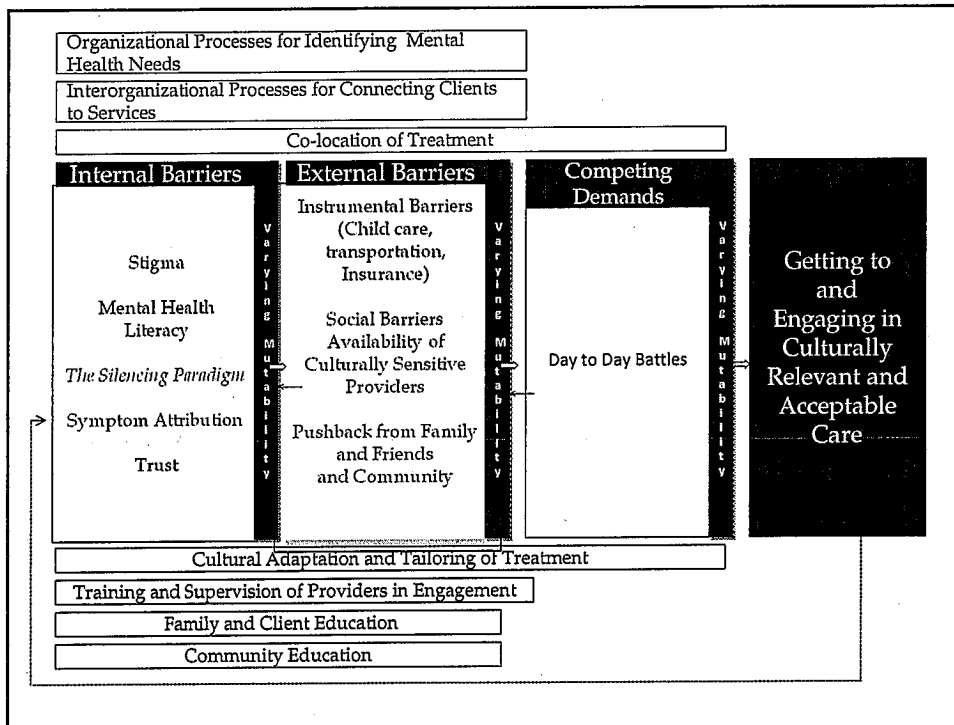
- ❑ Mothers faced an incredible number of competing demands:
 - Their own health
 - Work/looking for work
 - Care for other children
 - Family and social demands
 - Legal issues
 - Basic needs
- ❑ Even if a woman wanted treatment, she may not make appointments



Identified Barriers to Treatment

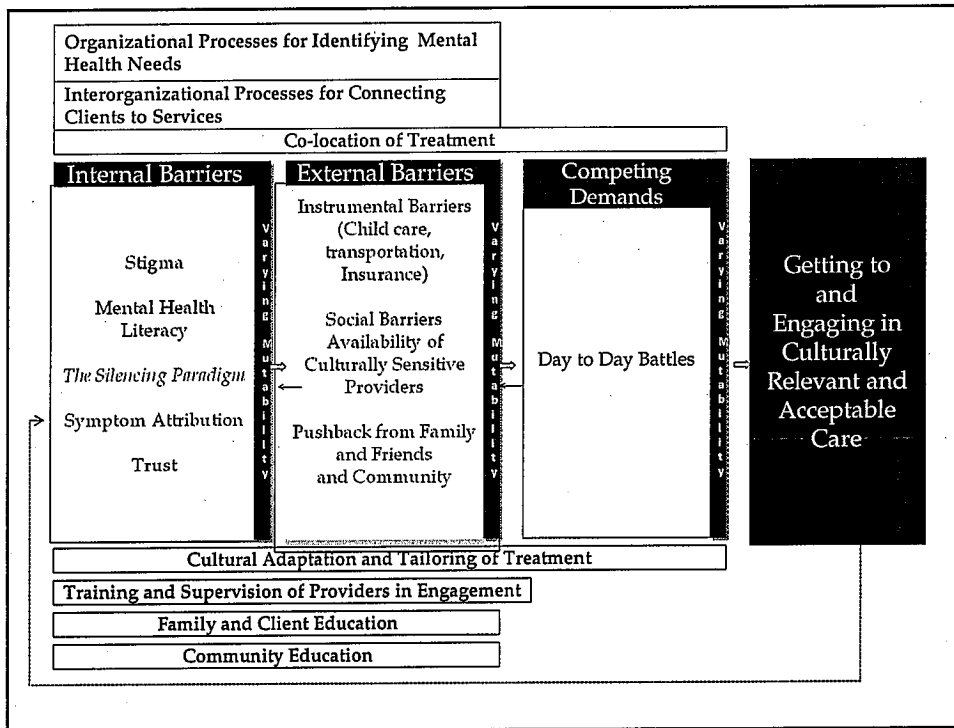
- ▣ Mothers focused more on trust, power of doctors, fear of being punished by the system, lack of a real support system, and had low mental health literacy
- ▣ Nurses and community providers identified more external barriers (\$, transportation), and competing demands (food, shelter) than did mothers

Implications



Model Components

- ❑ Different interventions address different barriers
- ❑ Education can't stop at the provider or client level
- ❑ Community interventions are needed as well to address social barriers
- ❑ Instrumental barriers are the simplest to address
 - Policy changes are needed

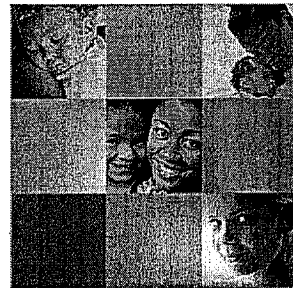
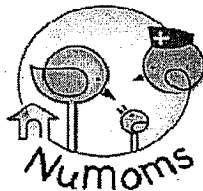


Proposition

- ▣ We propose that across race and ethnicity, low income women face similar barriers to engagement
- ▣ Cultural tailoring can address some of these issues
- ▣ Community engagement is crucial
- ▣ Policy changes are needed to address others
- ▣ We are not saying that any one agency can implement the entire model
 - Perhaps service systems can

Macro Factors

- ▣ Macro factors are extremely important
- ▣ Poverty and depression are highly correlated
- ▣ Racism and oppression are also highly correlated
- ▣ We need to think and work at all level
- ▣ Our model concentrates on the organizational and community levels in order for changes to occur in the lived environment

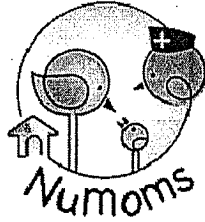


Nurses for Newborns
Foundation

Saving Babies
Strengthening Families



Questions?



Susan G. Pfefferle

617-520-2699

Sue_Pfefferle@abtassoc.com