

The Maternal Depression Focus Group Project

The 18th Annual Research Conference
A System of Care for Children's Mental Health:
Expanding the Research Base

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Katherine J. Lazear
Human Service Collaborative, Washington, DC &
University of South Florida, Tampa, FL
Klazear56@aol.com or lazear@fmhi.usf.edu

Sheila A. Pires
Human Service Collaborative
Washington, DC
Sapires@aol.com



Maternal Depression Focus Group Project Purpose

- To gain a better understanding of how culturally and racially diverse populations across the country view depression and its impact on children;
- How families talk about and define depression.
- Where families, their neighbors and friends turn for help; and,
- Approaches or strategies that might be helpful.

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Maternal Depression Focus Group Project Methodolgy

Sponsors: Annie E. Casey Foundation & The Center for Health Care Strategies

Community-organized and facilitated focus groups

Group participant incentives

Participant determined locations

Special considerations: recruitment; relationship development; scheduling; group size; duration; on-site child-care; selection of moderator; audio taping; snacks; transportation; confidentiality; language.

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Maternal Depression Focus Groups Demographics

- **Hosting organizations:** 18 community-based organizations representing racial and ethnic diversity - Cambodian; Mexican; Laotian; Samoli; Haitian; Latina; African-American; Sudanese; El Salvadorian; Central American; Vietnamese; Liberian; Congan; Burundian; Rwandan; Senegalese; and, Tongonese
- **Languages of group discussions:** Hmong; English; Spanish; Haitian-Creole; Nuer; Somali; Khmer (Cambodian); Vietnamese; and, Arabic.



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Maternal Depression Focus Group Project Criteria for Participants

- ✓ Mothers, with children newborn through age nine
- ✓ Mothers from the same ethnic or cultural group background with a common language
- ✓ Mothers with a low-income or who live in a low-income community



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Maternal Depression Focus Groups Demographics

- Age range of participants was 17 to 66 years of age
- Time living in the U.S. ranged from one year to all of their life
- Employment varied from part time, full time, part time and in school part time, unemployed, and vocational school
- Number of children each participant had was between one and 10 children
- Of the 50% who reported marital status, 75% reported being married

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Maternal Depression Focus Groups Common Themes

Talking About Depression

- Women recognized and identified the symptoms of depression.
- Women were at first reticent to talk, but the group process eventually led to rich discussion.
- Depression was identified as a major issue in each community.
- Women recognized the link between emotional and physical well-being.
- Most women reported more depression following their second pregnancy, particularly if it was unplanned.
- Many women described a “continuum of depression”.

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Maternal Depression Focus Groups Common Themes

Factors Contributing to Depression

- Financial pressures, physical health problems, racism, sexism, language barriers, and genes as contributing factors.
- Many women who are immigrants to the US, particularly from war-torn or economically depressed countries, view the U.S. as providing greater opportunities, but also creating greater stress (i.e., money, housing).
- Many women left children and support systems behind which creates powerful feelings of sadness and isolation.

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Maternal Depression Focus Groups Common Themes

Factors Contributing to Depression (continued)

- Feeling overwhelmed by the complexities of American life and its emphasis on money and work;
- Domestic violence, use of drugs and alcohol, and a lack of emotional and practical support from fathers;
- Respective cultures’ views and treatment of women, as “responsible for doing everything”, as subservient to men, as stoics who should not have their own needs and concerns, create stress for them and this conflicts with some views of the status of women in the U.S.

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Maternal Depression Focus Groups Common Themes

Barriers to Seeking Help

- Stigma and a fear of being labeled “crazy”;
- Trust – in family, friends and providers – seemed to be the single biggest factor in whether women felt comfortable talking about or seeking help;
- Lack of health insurance, particularly early intervention or preventive care;
- Attitudes of providers, whether they are respectful, supportive and non-discriminatory, makes a huge difference in women’s willingness and ability to access services.

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Maternal Depression Focus Groups Common Themes

Seeking Help

- Women who discussed seeking help and support for depression turned first to natural helpers, then to primary health care providers, with only a few women turning to the formal mental health system or to mental health professionals.
- Feel distrustful toward using medications for depression or other emotional problems either for themselves or for their children;
- Perception that mental health professionals will be “quick to medicate” if approached for help.

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Maternal Depression Focus Groups Common Themes

Impact on Children

- Women recognized and identified similar impacts of maternal depression on children, such as children “acting out”, or trying to please, or feeling responsible for their mother’s sadness, or withdrawing.
- Women reported that the physical health of their children is good.
- In general, (except for non-English-speaking women), women reported good relationships with teachers and often with primary health care providers.

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Maternal Depression Focus Groups Common Themes

Impact on Children (continued)

- Women recognized the importance of and have strong commitment to school involvement to ensure that their children do well in school. However, without exception, women with limited English felt disrespected and dismissed by teachers with whom they could not communicate, and language was identified as a huge barrier to school involvement.



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Maternal Depression Focus Groups Common Themes

Recommendations for Help

- Better access to basic supports, such as jobs, housing, and child care; opportunities to talk with other women; and, access to supportive professionals in non-traditional ways, such as via telephone or in-home;
- Having the opportunity to talk about depression and other life issues in a safe environment with other women who share common life experiences was helpful.

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Maternal Depression Focus Groups Implications for Outreach, Engagement and Intervention

The future work of the mental health field in addressing maternal depression will need to focus on:

- developing trusting relationships;
- providing opportunities for safe discussion and disseminating accurate information; and,
- providing services and supports that are respectful of the family and proven to be effective.

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Maternal Depression Focus Groups Implications for Outreach, Engagement and Intervention (continued)

- The mental health discussion of a communication strategy, needs to be, not in the direction of a pharmaceutical model, solely focused on medication, but to an approach grounded in the experiences of the community, including:
 - separation experiences and isolation
 - stigma
 - women's changing roles

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Maternal Depression Focus Groups Implications for Outreach, Engagement and Intervention: Next Steps

- Mental health needs to partner with public and private physical health care providers, schools and the community's natural resources.
- Formal service providers need to work with community's natural helpers to reach out and engage families who have historically been distrustful of the system, or are very unfamiliar with U.S. systems.

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Outreach: Walkers And Talkers

Residents from the community knock door to door in a housing development to sign up children for the State Child Health Insurance Program and explain the benefits to parents, as part of a Casey-sponsored outreach effort that recognizes...



“The importance of the messenger.”
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AdevoCasey, 2 (1) (2000, Spring/Summer) Baltimore, MD. Annie E. Casey Foundation.
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Natural Helper and Formal Service Provider Partnership Curriculum

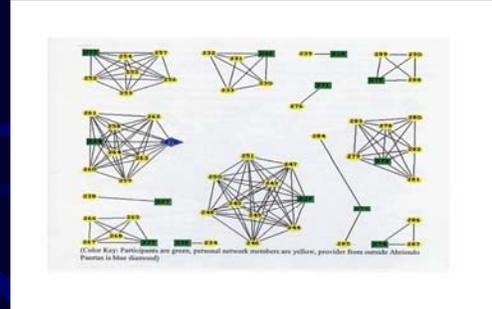
Purpose

EQUIPO is a front-line practice strategy designed to strengthen neighborhood systems of family support.

EQUIPO was originally developed to enable the full participation of the Spanish-speaking residents of the East Little Havana community in implementation of their service delivery system for families served by the *Arnie E. Cassey Mental Health Initiative for Urban Children's Abriendo Puertas Family Center*. Designed to build bilingual capacity, it embraces and acknowledges the cultural diversity in a community and can be translated and adapted to other communities and other languages.

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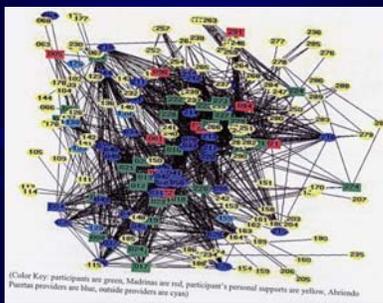
Pre-Equipo Network



Gutierrez-Mayka, M & Wolfe, A. (2001). *EQUIPO Neighborhood Family Team: Final Evaluation Report*.

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Post-EQUIPO Network

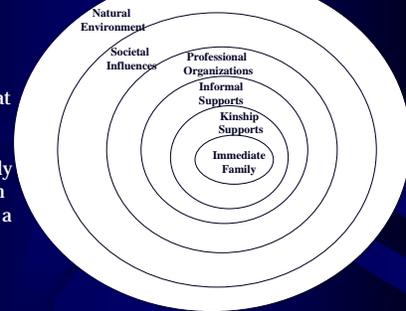


Gutierrez-Mayka, M & Wolfe, A. (2001). *EQUIPO Neighborhood Family Team: Final Evaluation Report*.

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Future Framing of the Message

Deflate the dominant frame about maternal depression that "blames the mother" and taking, not only a public health approach, but a social systems approach to addressing maternal depression



Support and Family Care Circle

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