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.


Methodology

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.

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; Congon; Burundian; Rwandian; Senegalese and, Tongonese
• Languages of group discussions: Hmong; English; Spanish; Haitian-Creole; Nuer; Somali; Khmer (Cambodian); Vietnamese; and, Arabic.

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
• 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
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”.

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.

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.

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.

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.

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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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.


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.


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.


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


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.”

Natural Helper and Formal Service Provider Partnership Curriculum

Purpose
EQUIPO is a front line prevention strategy designed to strengthen neighborhood systems of family support.

EQUIPO was originally developed to create a full participation of the Spanish-speaking residents of the East Little Havana community in implementation of their service-delivery system for tobacco intervention by the Puerto Rican-based Alejando Family Center.

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Professional Organizations
Internal Support
External Support
Immediate Family
Kinship Supports
Informal Supports
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Pre-Equipo Network

Post-Equipo Network

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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