Reproductive Mental Health Care Access for Immigrant Women: An Environmental Scan

March 1, 2018

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Background

- British Columbia (BC) has the 2nd largest foreign-born population group in relation to other provinces and territories

- Immigrant women & families not only represent a diverse group of newcomers in Canada, but also may arrive with various health care challenges, language and literacy issues and economic integration needs

- Rapidly changing multicultural Canadian context – with dispersal policies shifted toward integration/settlement of immigrants further away from metropolitan centers & into rural/remote communities across BC

(Racine & Yu, 2015; Sherrell, et al., 2011)

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Background: Risk Factors

- Women who are born outside of Canada and who have recently immigrated (within a 5-year period) have a five times greater risk of depression

- Intersecting factors such as immigrant status, social isolation, culture, systemic discrimination, poverty and marital gender relations

- Gender-based disparities in access to resources, decision making and in roles – implications for health care practices and access to services.

(Clark &Vissanjee, 2017; Higginbottom et al., 2015)

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Background: Key Challenges

- Many immigrant women suffer serious mental health problems – depression, PTSD, psychosis, and often do not receive the care they need

- Common barriers to health care access include linguistic barriers, unfamiliarity/navigation of health services and cultural difference

- Structural barriers related to lack of adequate service provision concerning language interpreters

- Postpartum mental health challenges – depression, anxiety can be more stigmatizing and isolating

(Kirmayer et al., 2011; O'Mahony et al., 2013)

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Purpose & Research Questions

The purpose of this environmental scan was to increase understanding of immigrant women's reproductive mental health care services within the interior region and to inform a cross regional research program.

1. What are the reproductive and mental health care services within the Interior Health region?

2. How are immigrant women screened for and referred to follow-up care and treatment of postpartum depression (PPD)?

3. What policies influence the reproductive mental health care of immigrant women in rural settings?

Methodology

- Guided by population health principles and ecological social determinants of health

- Examination of how inequity and unequal social relations influence immigrant women's accessibility to health care services and shapes their health care practices

- Important dimension of the population health approach – using different sources of evidence with the determinants of health, their interrelatedness, and usefulness of interventions to improve health

Recruitment of Participants

- Networked with healthcare professionals in Public Health and Mental Health to recruit 10 participants (key informant interviews)

- Diverse sample recruited from mental health, community/public health practitioners, managers, and policy maker

- 100 participants recruited for fluid survey

- Environmental scan recruitment, data collection, and analysis process took approximately one year.

Data Collection Activities

- Document analysis of hospital and community profiles, grey literature search, review of literature
- Key informant interviews
- Fluid surveys

Data analysis

- Thematic analysis was conducted across the three data collection activities

- Themes and concepts were used to compare within and across transcripts in the data set, the internet/grey literature search, and fluid survey results to generate higher levels of data conceptualization.

Findings: Key Informant Interviews

Four broad themes:

- Building community capacity to support immigrant women's health

- Facilitators of mental health support and care

- Barriers of mental health promotion and support

- Public policy and postpartum depression

Theme I: Building community capacity to support immigrant women's health

Information technology-mobile apps/social media; Tele-health

- P802-0078: *"I think it's a matter of...education of healthcare providers...about the importance of screening and referral ...and being able to offer support ...PHNs have been fantastic in BC...we have telehealth's that are held [and] therapists in community or psychiatrists ...who can attend the telehealth"*

- DMP00-0052: *" ...social media is playing a big part...you know sort of promoting and helping...there's a Latino face book group, there's a Filipino face book group."*

Shared care 'work'

- P16-004 " *...one thing that really helped ...to build relationships and understanding support capacity ...shared care committee for perinatal mental health and substance use*"

- P16-005 " *tried to map maternity patient's experience as they moved through different services... because some of them are rural patients and they need to see maternity providers in a different community. So that was one of our efforts and then a virtual clinic where we shared information between physician offices.*"

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Community Champions

- P16004: *"So we decided in the service areas we could have a champion within that service area to act as the mentor for that clinician in those smaller communities…"*

- P802-0078: *"Health teams having the knowledge available to the local mental health teams about reproductive mental health, having people feel they are educated [so that] they can provide the service closer to home…"*

Theme II: Facilitators of mental health support and care

Closer to home

- DMP 0052: " *...there are quite a number of cultural groups in Kelowna, with the number of churches and faith groups...and I think that is a real strength...*"

- 802- 0078: *"Yeah ...making sure people are trained ...so it's all about getting it closer to home and making it free of charge"*

Peer mentorship

- P16-005: *"...immigrant women who maybe don't feel comfortable in participating in groups... ...peer mentoring model...offers variety of settings and personal support...if we had a different model that would incorporate outreach...tapping into volunteers"*

- *802-0074 "...a community clinic where they would have different kinds of services...peer support and they also had like fathers come in..."*

Theme III: Barriers of mental health promotion and support

Gender, language and culture

- P17-0015 : " *The husband came out, got work...and then helped his wife immigrate. So the woman ...was not working outside the home so she didn't have the interaction with the community. So often it was the father who had more fluent English...so I was relying on him to help with translation*"

- P802-0083: "*Even if you had a very sensitive translator – first of all you can't always guarantee they are the same gender*"

Safety and trust

- P0052: "*And women tend to fall through the cracks, because of all the things that happen to women…don't follow up – fear of authority…*"

- P17-0014: "*I think there is some stereotypes that are out there, …and not trusting government agencies …*"

Health provider education

- P16-004: "*...in our perinatal working group and what we have been looking [at] in reproductive mental health is "how do we support that rural clinician in[southern BC] to be able to provide services to someone who is depressed and has a baby...?"*

- P 802-0083 "*nurses could definitely be resourced to know what are the settlement agencies,...extra training around trauma informed care and cultural humility..."*

Health care system accessible pathways to care

- P16-004: *"Really worried about how mental health will respond with − well we don't have anybody in the office today or we don't have anybody who's trained, we do not do this, and is not part of our mandate. We are not comfortable with these kinds of referrals..."*

- P161012-005 *"Family physicians, public health and the community organization do not have the capacity to do mental health support.[...] so if the mom actually made it to the door... If they were low risk they were basically given self help guides that's the formula."*

Theme IV: Public policy and postpartum depression

Universal, timely screening

- P17-0013: *"...in public health if a woman is experiencing some mental health problems postpartum and if [she]can not be seen in two days at mental health services the PHN has been instructed to find other supports."*

- 170530-0015: *"EPDS does not stand alone to determine concerns about a women's mood...it is a package including your [past] experience, their demeanor and language they choose...together comes this trust and relationship"*

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PPD policy implications

EPDS tool for at risk women

- P802-0083: *"There are standard guidelines around screening for mental health distress and referrals... [Yet] when we refer to a psychiatrist [during] pregnancy, waitlist is sixteen weeks."*

- 161012-005: Although a useful tool, there are challenges: *"she was able to mask her [depression] with public health ...never rated at risk ...yet now she could verbalize her thoughts of driving off the bridge into the river with her baby..."*

- P802-0083: *"These scales are not validated in the communities in which we work ...not the same to simply translate into another language ...does not translate well in certain cultures."*

FluidSurvey

- Was conducted with PHNs and Mental Health clinicians within Interior Health Region, N=100

- Explore perspectives on EPDS tool and implications for service providers
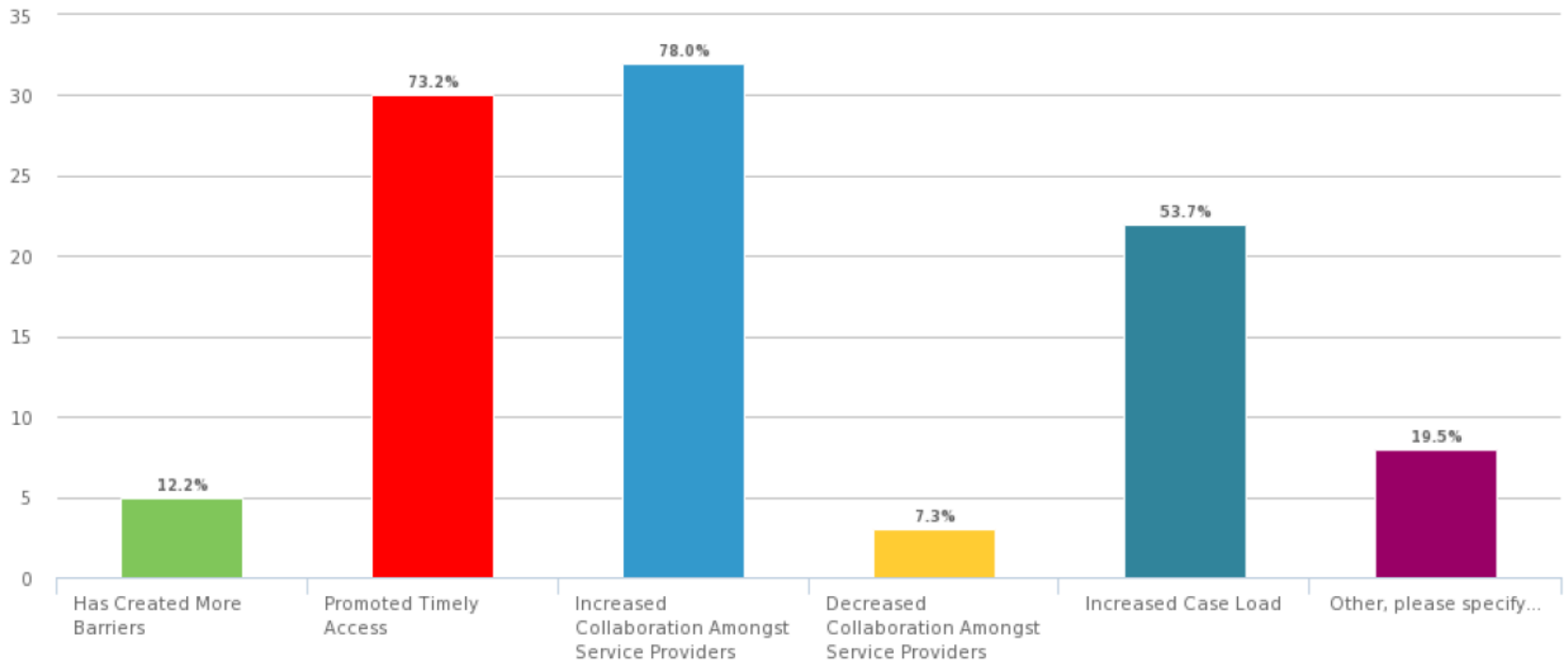
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FluidSurvey

Has the Edinburgh Postnatal Depression Scale (EPDS) helped you to identify women at high risk for postpartum depression (PPD)?
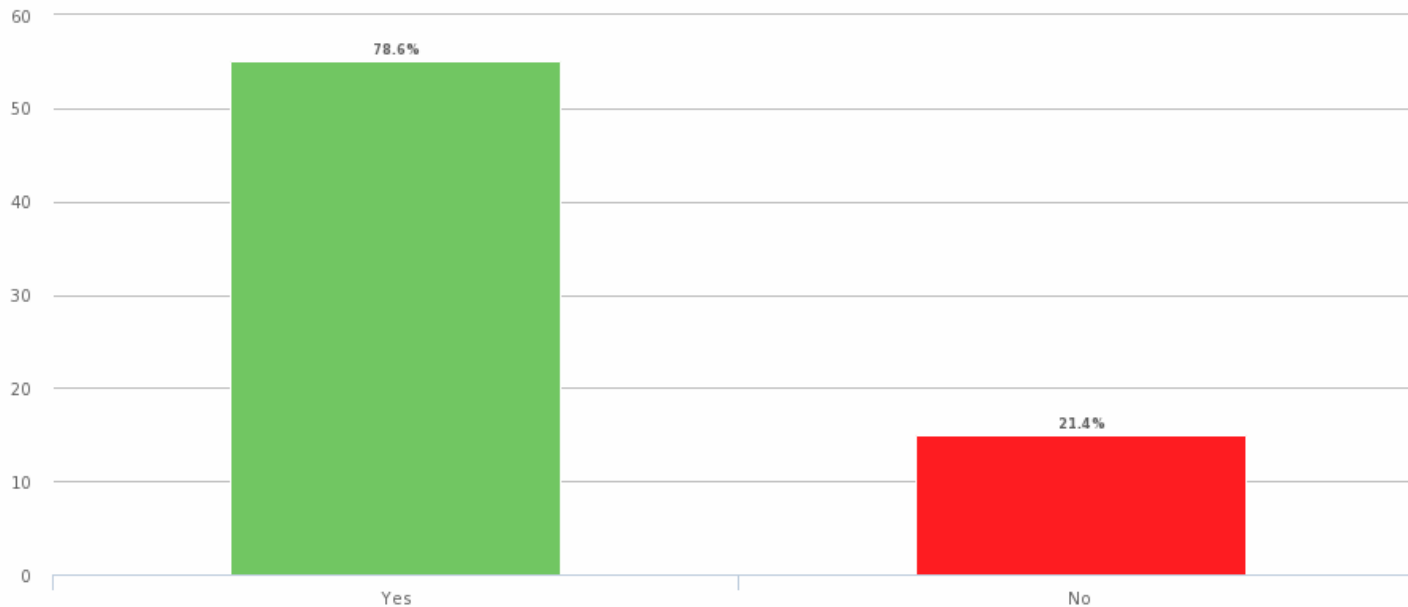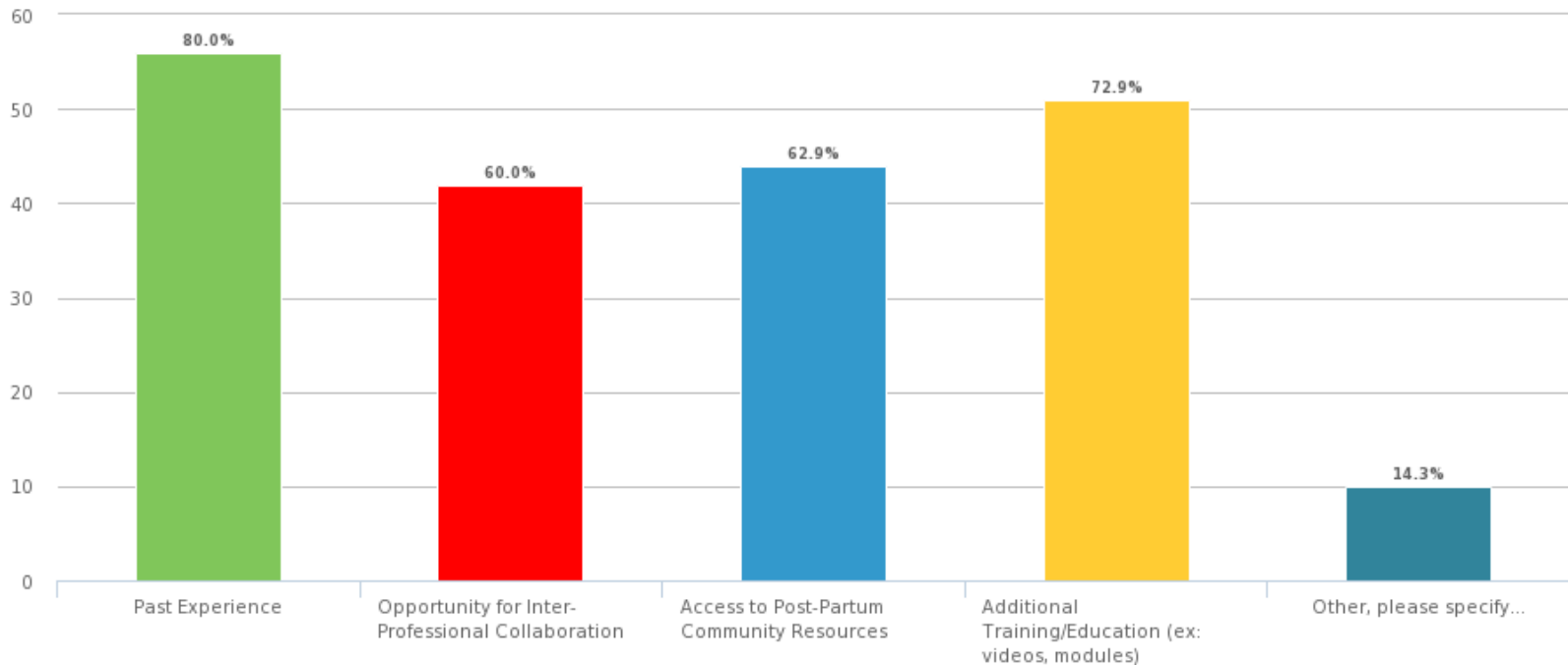
FluidSurvey

PHNs reported the factors below when they used the EPDS to screen women at risk for postpartum depression
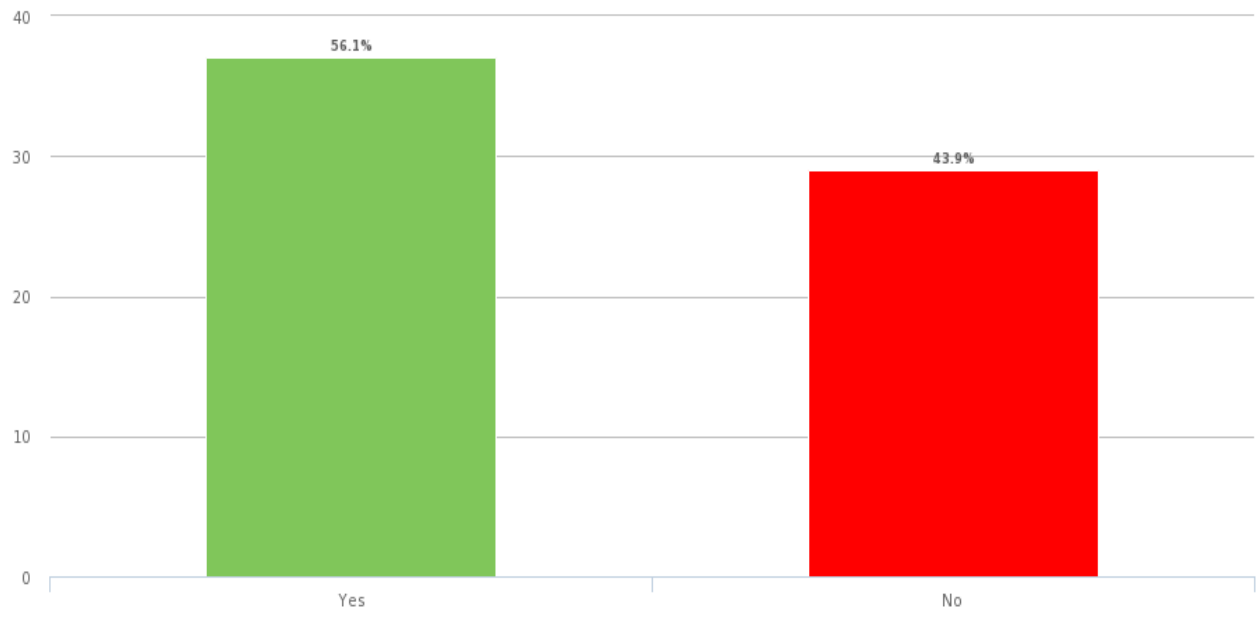
Fluid Survey

What has supported your competencies in providing mental health care services and supports for high risk women during the postpartum period?
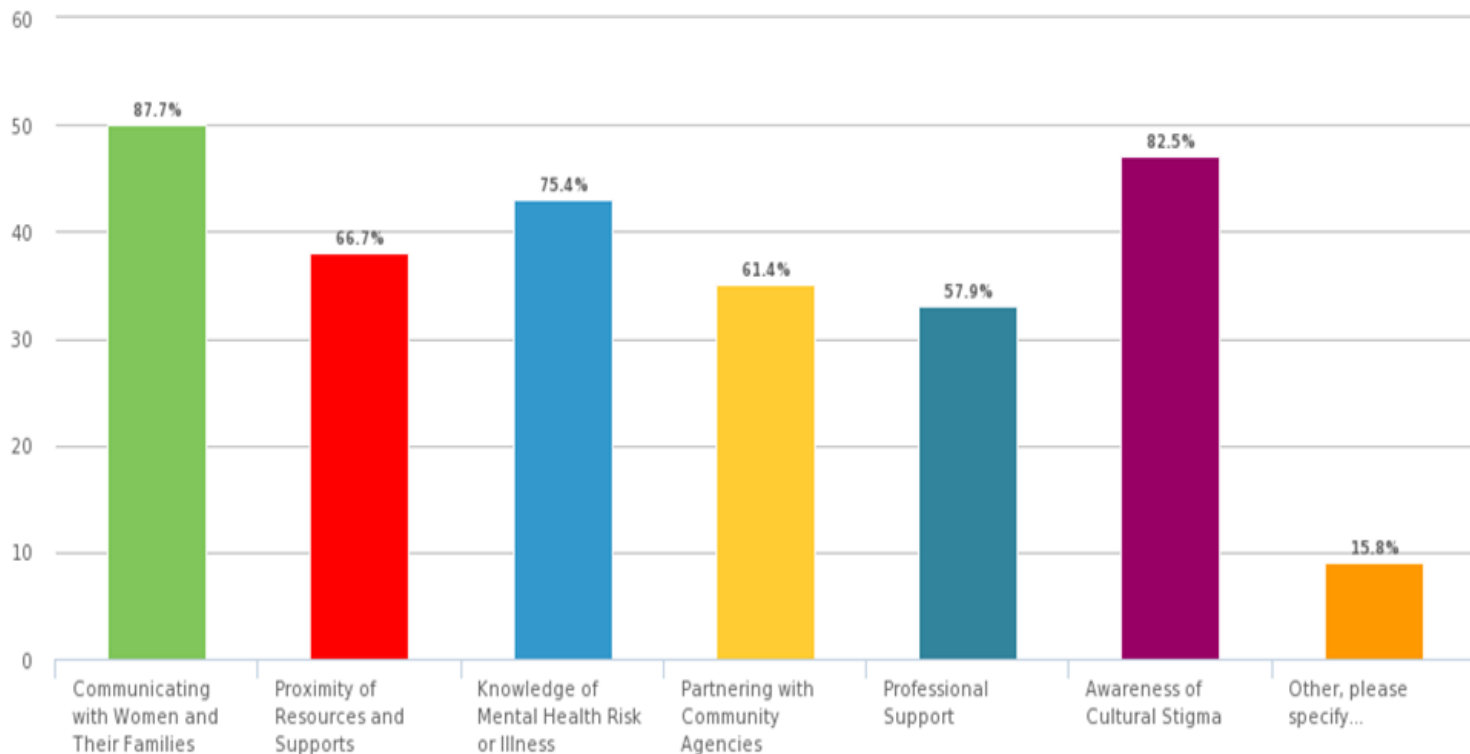
FluidSurvey

Have you experienced any challenges in providing postpartum mental health care and services for immigrant women?

FluidSurvey

Which factors have contributed to promoting mental health and well-being for immigrant women during the postpartum period?

Key Recommendations for Policy and Practice

- Increased education and training

- Enhanced community capacity

- Culturally safe and gender sensitive

- Evaluation of EPDS as universal screening tool for PPD among immigrant women

Questions?

E-scan report available by contacting: joanne.smrek@interiorhealth.ca