Listening to Understand:

Immigrant and Refugee Perinatal Mental Health

Significance

- There is growing awareness of maternal perinatal health disparities within minority groups
- Highlighting the unique challenges of refugee & immigrant populations
- Importance of cultivating awareness of:
  - Diverse preferences based on culture, religion, etc.
  - Diverse ability and comfort with self-advocacy related to language proficiency, socioeconomic disparities, isolation, etc.

Immigrant groups in Allegheny County & the Greater Pittsburgh Area

Somali

Bhutanese

Congolese

Burmese

Salvadoran

Syrian

Russian

Latino

Afghan

Iranian

Sudanese

Nepalese

Indian

Uzbek

https://gwpa.org/sites/default/files/resources/Overview of Immigrant Populations in City of Pittsburgh.pdf

Learning Objectives

- Learn about pregnancy and childbirth experiences of immigrant and refugee mothers
- Cultivate awareness of unique challenges faced by refugee and immigrant mothers
- Reflect on how we can be more sensitive to these challenges
- Empower minority mothers toward self-advocacy
- Increase awareness of ongoing work to address perinatal maternal health disparities with immigrant and refugee populations in the community

*Trigger warning: This discussion may include graphic descriptions of childbirth for those who are sensitive to such topics.

A question & answer session will occur at the end.

New Americans in Pittsburgh
The Demographic and Economic Contributions of Immigrants in the City

https://www.americanimmigrationcouncil.org/sites/default/files/research/council_new_americans_in_pittsburgh_9_2023.pdf

Migrants

- Heterogenous group of people living outside of their country of birth
- “Initial Healthy Migrant Effect”
  - Possible deterioration of migrant health over time in the host country despite increasing socioeconomic status
- Mental Health in immigrants
  - 31% rate of mental health disorders in conflict-affected populations
  - 31% any depressive disorder in migrant perinatal women from low- and middle-income countries

Anderson 2017; Fellmeth 2016

Refugee and Asylum-seekers – Health Status

- Higher levels of mental health disorders, due to traumatic life events, insecure legal migration status
  - "Layers of proximal, distal, acute, historic trauma"
  - Undocumented women have higher rates of IPV and involvement with child welfare systems compared to permanent residents or citizens
    - Immigrant status can increase dependency on partner, such that women are less likely to report abuse and seek asylum or legal aid out of fear of deportation and family separation
  - Northern triangle origin immigrants have increased risk of sexual assault history (8-fold). (El Salvador, Guatemala and Honduras)
    - Sexual assault history is associated with other sexual health risks, such as decreased condom use and inability to reduce risk of HIV/STI
  - 2x more likely to have postpartum psych ED visit and psych hospitalization compared to non-refugee women

- Refugee women have poorer overall health outcomes in comparison to non refugee populations in the same country
  - higher rates of low birth weight infants and cesarean section
  - delayed initiation of prenatal care, despite universal access to healthcare (Massachusetts study)
  - Increased use of alcohol and tobacco with acculturation

Anderson 2007; Kentoffio 2016; Fortuna et al 2019; Iliadou et al 2018; Vigod 2017

Risk Factors for Perinatal Mental Health Disorders in Immigrants

- Low social support
- Marital discord
- Low socioeconomic status

- Minority ethnicity
- Lack of proficiency in host country language
- Refugee or asylum-seeking status or precarious legal status

Anderson et al 2017

Immigrant Experiences of Postpartum Depression

Suffering in solitude

- Loss of a safe and secure network: family, friends, and sometimes spouse and older children
- Loss of connectedness, emotional, and practical support

The invisible illness

- keeping PPD hidden; focus on individual coping
- Fear of bringing shame to their community; stigma of mental illness

Cultural conceptualizations

- Denial of feelings; attribution of depression to social problems
- No word for PPD

Barriers to help seeking

- Self-reliance
- Fear of Stigma led to hiding symptoms and coping alone
- Structural: low socioeconomic status, limited financial resources, low paid jobs and unemployment, lack of transportation, and childcare and language barriers
- Poor relationship with healthcare provider. Medications not wanted. Preference for counseling from a psychiatrist. Crucial for health care providers to understand the level of fear and stigma associated with PPD.

Accepted strategies of help seeking

- Prayer and meditation, using internet information, informal support in community
- Education of partners, family members, and communities
- Community-based MH services

Tobin et al 2018

“You bring the baby home. You need to eat, the family need to eat, have to clean the house, have to wash the children, take them to school, take them to Arabic reading. You have to do all this work in one day, how can you get rest? Is there time? If you have sadness would you tell the health visitor about this? . . . What can the doctor do about it?”

Tobin et al 2018

“I don’t know what postnatal depression is . . . how you’re supposed to feel, look or whatever. I don’t know. I have no idea . . . what are you supposed to be doing, saying or whatever . . . I do think Black women get depression, but I don’t think we’re allowed to have depression.”

Tobin et al 2018

Parenting

- Stress of parenting under circumstances of disadvantage and oppression

- If a caregiver is experiencing current IPV or past trauma
  - Less attunement to child
  - Risk for healthy attachment
  - Less capacity to appraise /respond to danger

Fortuna et al 2019

Ideas for Improving Immigrant Perinatal Health

CULTURAL CELEBRATION

- Preserve immigrant traditions to increase mental wellbeing
- Peer support groups

LANGUAGE

- Use of assessment tools that are available in many languages
- Current screening protocols might miss women in need of support
- Ensure interpreters are available for sufficient time; ensure clinic visits allow sufficient time; ideally interpreters with MH training to help bridge gap between cultures

HEALTHCARE

- More formal and systematic training
- Hire clinicians from similar cultural backgrounds and those who understand the value of supportive and trustworthy relationships
- Integrate MH services into primary care
- Screen for discrimination and acculturation stress (brief scales)
- Screen for depression and stress in maternal, child well visits and universally in primary care
- Provide psychotherapy approaches to address trauma affecting the mother-child dyad

Tobin et al 2018; Fortuna et al 2019; Willey et al 2020

Definitions related to Refugees & Immigrant

(Brief) Immigration Status Overview

Office of Refugee Resettlement "ORR"-Eligible Immigration Statuses:

- Refugees
- Asylees
- Cuban and Haitian Entrants
- Amerasians
- Special Immigrant Visa Holders *(SIV)*
- Afghan Humanitarian Parolees *(AHPs)*
- Ukrainian Humanitarian Parolees *(UHPs)*
- Unaccompanied Refugee Minors *(URMs)*
- Victims of Human Trafficking
- Special Immigrant Juvenile Status (SIJS)
- U Status

Other Immigration Statuses:

- Lawful Permanent Resident
- Family-Based
- Diversity Lottery
- Employment-Based (including temporary)
- Student-Based (F-1, OPT, F-2)
- Temporary Protected Status (TPS)\
- Deferred Action for Childhood Arrivals (DACA)
- Family Unity
- Deferred Enforcement Decision (DED)
- Asylum *Pending (Applicant to become Asylee)*
- ***"Out of status"***

National Immigration Law Center and medical immigration advocates have recommended **not documenting** immigration status. However, for social work and community referrals, it can affect eligibility and depth of support

Health Insurance Eligibility:

ORR-Eligible Statuses

- Eligible for public benefits from Date of Arrival or Date of Eligibility
  - Supplemental Nutrition Assistance Program (SNAP) eligible
  - Cash Assistance Program
  - Medical Assistance Programs
  - Specific Case Management supports

Other Immigration Statuses:

- Eligibility is dependent on several factors including:
  - Time in the United Status
  - Permanency of Status
  - Stage in Immigration Pathway

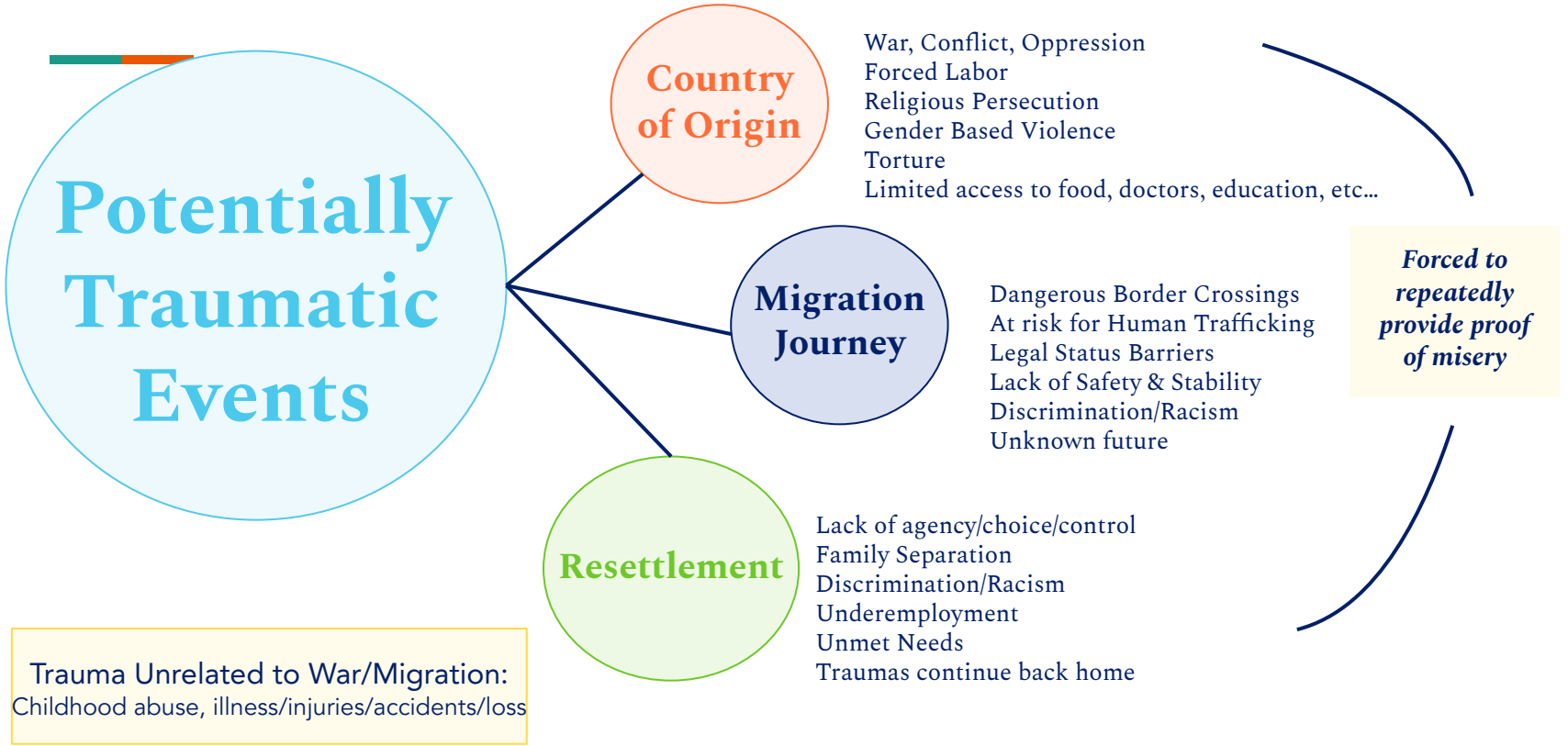
Important Notes:

- National Immigration Law Center and medical immigration advocates have recommended **not documenting** immigration status
  - However, for social work and community referrals, it can affect eligibility and depth of support
- In Pennsylvania, children & pregnant women only need to be “lawfully present” to qualify for federally-funded Medical Assistance.
  - **Pregnant persons can receive health insurance *until* *6 weeks* postpartum.**

Health Insurance Options:

- Medical Assistance Eligibility ***varies*** by ***current*** immigration status, household income, and family size
- Immigrants who are **lawfully present** and pregnant or under the age of 21 qualify for Emergency Medical Assistance. For the pregnant person, this lasts until **only** 6 weeks postpartum. The baby or babies are eligible for traditional Medical Assistance.
    - Lawfully present is complex; when in doubt, refer clients to Immigration Legal Experts
    - Typically, immigrants who are "Out of Status" do not qualify for medical assistance
    - Insurance authorized immigrants with <5 yrs legal residence cannot receive federal insurance subsidies or enroll in Medicaid
    - Can interfere with "Public Charge" inadmissibility
        - Pregnancy-related MA access is reviewed on a case-by-case basis and all factors are considered before cases are ruled a public charge
- Charitable organizations and funds to pay for care must be requested
- Laws are complex, often require input of legal consultants, and **change *frequently***

Recognizing the "Triple Trauma Paradigm"



Action Steps to Take with You:

- Aim to provide **Cultural and Linguistically Appropriate Services** (CLAS) standards
- Utilize appropriate interpretation *(which is **not** children, spouses, or Google Translate)*
- Recognize timing differences for Interpretation *(may take 1.5x longer or more)*
- Speak directly to your patients - first-person, focused on the client
- Explore cultural differences by asking questions and **listening** to your patients - **they are the experts in their culture & their experience of their culture.**

Resources: **“Sprawling network with many gems”**

Medical/Dental

- Birmingham Clinic
- Squirrel Hill Health Center
- Pitt Dental
- UPMC Patient financial services

Mental Health

- Casa San Jose
- Maya
- PAAR

Supplies/Classes/Housing/Case Management and/or Service Coordination

- Hello Neighbor: Smart Start Program
  - Perinatal Services for Pregnant Immigrants + Refugees
  - Community Education on Best Practices in CLAS
- Immigrant Services & Connections (ISAC)
  - Referrals and service coordination
  - Any one with cultural or linguistic barriers (including US Citizens)
- Bhutanese Community Association of Pittsburgh
- Genesis of Pittsburgh
- Family and Community Teaming Program
- Footbridge for Families

Introducing our Panel-Participants

Celsa Natali Martinez Cruz

El Salvador

Celsa Natali Martínez Crúz, 28 años, madre, esposa. Dedicada, resiliente, de nacionalidad salvadoreña y llegue a Pittsburgh en el 2021.

Celsa Natali Martinez Cruz, 28 years old, mother, wife. Dedicated and resilient Salvadorean arrived in Pittsburgh in 2021.

Nour Alhajaar

Syria

نور تبلغ من العمر 40 عامًا، أم لخمسة أطفال من سوريا. تعيش في الولايات المتحدة منذ 8 سنوات وأنجبت طفلها الأخير هنا في الولايات المتحدة.

Nour is 40 years old, A mother of 5 from Syria. Have been in the U.S for 8 years and had her last baby here in the U.S.

Annuarite Asifiwe

Democratic Republic of Congo

Asifiwe ni mama wa watoto 9; 4 wavulana na 5 wasichana. Anatoka Jamhuri ya Kidemokrasia ya Kongo. Amekuwa Pittsburgh tangu 2019. Anafanya kazi katika UPMC kama mlezi.

Asifiwe is a mother of 9 children; 4 boys and 5 girls. He is from the Democratic Republic of the Congo. He has been in Pittsburgh since 2019 and works at UPMC as a care giver.

Kulsom Heydari

Iran

کلسوم از پدر و مادری افغان در ایران به دنیا آمد و از سال 2021 در پیتسبورگ بوده است.

Kolsum was born in Iran of Afghan parents and has been in Pittsburgh since 2021.

Questions 1-4

1. Briefly Tell us about your family along with where your births have been: local or abroad.
2. How has your experience been being pregnant in Pittsburgh? How is adjustment to Pittsburgh overall? What have been some positive highlights of your experience being pregnant and having children in Pittsburgh, PA?
3. What's different from one birth to another based on where delivery was?
4. Have you experienced discrimination by healthcare providers or others due to your race, ethnicity, religion, language?

Questions 5-7

5. Have you experienced fear in approaching health care providers for help?
   a. Describe ways in which you felt misunderstood by your provider
6. What are your perspectives about emotional wellness for yourself and community?

7. Can you share one specific pregnancy or birth experience that was disappointing that you would like providers to know about? What about your birth experience is important for us to know so that we may learn how to best help out immigrant and refugee community members?

   b. How did the language barrier contribute to this experience? How could this have been improved?
   c. In what ways can providers and other health professionals change how they serve immigrant patients to avoid this in the future?
   d. What parts of your culture/practices are important to you, for your providers to consider and incor porate into your interactions and birth experiences?