Addressing mental health during pregnancy in Aboriginal women

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**Background**

- **Prenatal depression**
  - serious ramifications for the mother, the unborn baby, and the wellbeing of the entire family

- **Aboriginal women**
  - very little research on prenatal depression
  - need to consider unique historical and present-day societal context

- **Service systems that meet the needs of pregnant Aboriginal women**
  - accessibility, safety and responsiveness
Research objectives

1) To understand the risk factors, protective factors and societal context of prenatal depression in Aboriginal populations

2) To examine how services in Calgary are doing, and how they can be improved, in meeting the needs of this population
Methods

- Multi-methods approach, data from 2 studies:
  - *All Our Babies* (secondary analysis)
    - Quantitative (longitudinal pregnancy cohort study)
    - n=3134 pregnant women in Calgary
  - *Voices and PHACES* (primary research)
    - Qualitative (constructivist grounded theory study)
      - Personal interviews: pregnant Aboriginal women (n=13) + service-providing professionals (n=12)
      - Focus-group interviews with stakeholders (n=11)
    - Community-based approach
Key results – Prenatal depression
Individual-level risk factors (e.g. SES, stress) are mediators of underlying societal context
- social exclusion, structural violence
  - racism, sexism, colonization

Substance abuse as a negative coping mechanism for stress, trauma, depression

Positive coping mechanisms
- social support
- traditional Aboriginal healing practices
Key results – Services

- Some services working well
- Need for more Aboriginal-specific, culturally-appropriate services
- Group-based prenatal programs
  - positive social support
- Practical barriers
  - location, hours of operation, childcare
  - complexity of service systems
Key results – Services (cont’d)

- **Stigma, judgement in services**
  - explicit and implicit racism, racialized sexism
  - mistrust, avoidance of services
  - inadequate training and tools for service-providing professionals
    - knowledge, skills, tools for application
    - practical
  - broader environment in services
    - other staff, physical env’t, agency policies
    - time constraints
    - funding and pay structures
Key results – Services (cont’d)

- Considering patient/client context
  - tailoring effective care/therapy/support
  - maintaining empathy with non-adherence
  - address underlying issues (not just acute)

- Stronger networking across agencies, sectors
  - better systems of referrals and communication between services and organizations
  - continuity, comprehensiveness
Key results – Services (cont’d)

Society

Service systems
- Training for all staff, personnel on cultural competency and safety, trauma-informed care, person-centred care
- Availability of Aboriginal-specific, culturally-appropriate services
- Fee structure, appointment system conducive to meeting needs
- Universal screening protocols to reduce concerns of stereotyping
- Networking between organizations; screening, referrals
- Seamless communication within and between organizations

Service-providing professionals
- Knowledge on historical and social context
- Skills for culturally safe and stigma-free interactions with patients and clients
- Hours of operation, accessible locations, transportation, childcare

Social determinants of health
- Adequate funding for meaningful programs and services

Colonization

Social exclusion, oppression, structural violence
Key recommendations

- Aboriginal-specific prenatal and parenting programs
  - group-based
- Programs that support Aboriginal fathers-to-be
- Further research on improving accessibility to services
  - e.g. Hours of operation, drop-in services, childcare
- More culturally-appropriate services
Key recommendations (cont’d)

- Better systems of referrals and communication between services and organizations
- Safe, stigma-free, respectful env’ts for patients/clients
  - Better training, resources for professionals, staff
  - Policies, procedures, physical env’ts
- Address the SDoH, racism, sexism, domestic violence, addictions, trauma, mental health, intergenerational trauma from residential schools
Conclusions

- A multi-pronged, multi-sectoral approach is required for effective intervention, prevention

- Action is warranted to create barrier-free and culturally-safe services that meet the needs of pregnant Aboriginal women

- Pregnancy - a meaningful intervention point
Significance

- A better understanding can aid in the design of evidence-based interventions.

- Interventions that take upstream determinants and societal context into account are more likely to be effective.

- Academic-community partnerships yield valid research and facilitate knowledge translation.
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Thank you!

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Voices and PHACES final report:

All Our Babies analysis abstract:
http://jech.bmj.com/content/69/1/A4.2.short