

# Social Determinants of Women's Mental Health in Three Ethnically Diverse, Impoverished, and Under Served Communities

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# Significance of the Problem

- According to the World Health Organization (WHO, 2012):
  - Depression is a common mental disorder.
  - Globally, more than 350 million people of all ages suffer from depression.
  - Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease.
  - More women are affected by depression than men.

# Significance of the Problem

- Depression and anxiety are significant mental health issues in the United States as well.
- Women are 70% more likely to experience depression and 60% more likely to experience an anxiety disorder during their lifetime than men (NIMH, 2012).

# Significance of the Problem

- In 2005-2010, the prevalence of depression among adults was five times as high for those below the poverty level compared with those at 400% or more of the poverty level (UDHHS, 2011).
- African-Americans are 20% more likely to report psychological distress than Non-Hispanic Whites (OMH, 2012a).
- Further, when comparing poverty within ethnic groups, African-Americans and Hispanics living below the poverty level are three times more likely to report psychological distress than same ethnicity cohorts above the poverty level (OMH, 2012b).

# Significance of the Problem

- The **intersection of gender, poverty, and ethnicity** paints a sobering picture of vulnerability relative to depression and anxiety.
- Impoverished women are predisposed to be overrepresented in the depression and anxiety statistics—a fact compounded by their ethnicity.
- Therefore, the focus of this study was to document the social determinants of women's symptoms of anxiety and depression in three ethnically diverse, urban, impoverished and underserved communities in the U.S.

# Social Determinants of Health (SDH)

- “Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

United States Department of Health and Human Services [US DHHS]. (2010). *Healthy People 2020*. Retrieved from [www.healthypeople.gov](http://www.healthypeople.gov).





# Examples of SDH

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Availability of community-based resources
- Transportation options
- Social support
- Social norms and attitudes (e.g. discrimination, racism)
- Exposure to crime, violence, and social disorder
- Socioeconomic conditions
- Language/Literacy
- Culture

United States Department of Health and Human Services [US DHHS]. (2010). *Healthy People 2020*. Retrieved from [www.healthypeople.gov](http://www.healthypeople.gov).

# Research Questions

- 1. What contributes to the depression and anxiety experienced in your community, neighborhood, family, or personal life?
- 2. What barriers exist that prevent residents from using existing mental health resources?



# Methods - Study Context and Ideological Perspective

- Community based participatory research (CBPR)
  - Residents identify a research topic is important to them
  - Involve them in each step of the research process
  - Strive for social change to improve the health of the community

(Minkler & Wallerstein, 2003)

# Methods - Study Context and Ideological Perspective

- Calvin College Department of Nursing designed a community-based curriculum that used CBPR to drive:
  - Student learning experiences
  - Faculty research
  - Community health improvement

(Heffner, Zandee, & Schwander, 2003; Feenstra, Gordon, Hansen, & Zandee, 2006; Zandee, Bossenbroek, Friesen, Blech, & Engbers, 2010).



# Methods - Study Context and Ideological Perspective

- Formed partnerships with the three urban underserved neighborhoods
  - Neighborhood #1 : 65% African American/Black
  - Neighborhood #2: 74% Hispanic/Latino
  - Neighborhood #3: 64% White (United States Census Bureau, 2010).
- The residents below the poverty level ranged from 25-43% across the three neighborhoods

## Methods - Study Context and Ideological Perspective

Previously conducted focus groups and surveys to determine top health concerns in the neighborhoods

Depression and anxiety were among those top health concerns

Neighborhood strategic health plans included goals to address depression and anxiety

# Design

- Descriptive qualitative design within the ideological perspective of CBPR
- Data collection method was that of focus groups
- Focus groups have previously been found to be useful in exploring and understanding health disparities among underserved populations - - particularly when coupled with CBPR (Lutz, Kneipp, & Means, 2009; Cristancho, Garces, Peters & Mueller, 2008; Ruff, Alexander, & McKei, 2005)

# Sample

- Non-probability sample of 61 women
- Age range: 18-69 years with a mean age of 38.9 years
- Race: 36% were Black, 33% were Hispanic, and 31% were White
- Income
  - 48% of the sample had an annual income between \$10,000 and \$14,999
  - 23% indicated an income between \$15,000 and \$24,999
  - 16% had an annual income between \$25,000 and \$34,999
  - 13% were at or above \$35,000 per year

# Sample

- Marital Status
  - 43% were married, 34% identified themselves as single, and the remaining women were divorced or had a significant other
- Education
  - 57% had an educational level of 12<sup>th</sup> grade or less whereas another 38% had some college and 5% were college graduates

# Procedure

- Two homogeneous (race and gender) focus groups in each neighborhood
- Implemented a strategy of “segmentation” whereby homogeneity was created in each focus group while allowing for diversity across the set of focus groups (Kreuger, 1994; Morgan, 1998a)



# Procedure

- **Six focus groups**
  - Five in English, one in Spanish
  - 9-12 participants each
  - Facilitated by primary & secondary investigators as well as Spanish speaking CHW
  - Semi-structured interview guide reviewed by research team and piloted with CHW's from each neighborhood

# Procedure

- Familiar neighborhood sites
- 75 minutes in length
- Transportation
- Child care
- \$20 gift cards

# Data Analysis

- Focus groups were audio taped, transcribed verbatim, and verified by the research team
- Spanish focus group: a native speaking CHW and an undergraduate research assistant with a second major in Spanish attended the focus group and assisted the team with transcription of the tape.
- The undergraduate research assistants took field notes during each focus group to assist in understanding the context of the verbal statements.

# Data Analysis



- The team used NVivo 9 (QSR International, 2009) software for qualitative data analysis for thematic analysis.
- We initially analyzed the transcripts line-by-line and coded into nodes based on the global categories included in the interview guide – current resources, desired resources etc.
- This approach closely approximated Crabtree and Miller’s (1999) “template analysis style” where the researcher begins with a rudimentary coding guide prior to data collection to assist in data sorting but continuously revises it as the data is gathered.
- From these global categories, we created focused nodes and clusters of related nodes that more closely reflected the emerging themes
- The research team created memos to outline the emerging relationships among the themes and subthemes.
- **Themes: across six focus groups**
- **Subthemes: at least four of the six focus groups**

# Data Analysis

- Attempts to establish the **credibility** (Lincoln & Guba, 1985) of the thematic analysis and interpretations:
  - All members of the research team reviewed the transcripts, discussed impressions, and critiqued the emerging nodes, labels, memos, themes, and subthemes.
- Attempts to establish **accuracy, relevance, and meaning** (Lincoln & Guba, 1985) of data:
  - The entire research team returned to each partner community for a presentation of the preliminary results and solicitation of feedback from community members in an effort to confirm the accuracy, relevance, and meaning of the data
- Attempts to establish **authenticity**, or an accurate portrayal of the range of different realities (Lincoln & Guba, 1994):
  - Use of an ethnically diverse sample and the return to the partner communities with the preliminary results.

# Results - Social Determinants

- Economic Issues
- Family Issues
- Cultural Issues
- Neighborhood Issues

# Results - Social Determinants - - Economic Issues

- Unemployment
  - P: “I am going to give you a reason why I think a lot of people are going through this. Number one, they are used to having a job...out of the blue they have **no job**”
- Bills/expenses
  - P: “The phone is ringing because it’s the **bill collectors**...They’re calling 24/7 which is very stressful.”
  - P: “I can’t let the kids come home with the **lights cut off!**”
  - P: “When you have kids, you get to a low...because **where’s the next meal coming from?** They **need shoes** because everybody else got shoes.”
  - P: “**Foreclosures** and depression is a big one.”

# Results - Social Determinants - -

## Family Issues

- **Marital issues and private violence**
  - P: “I am divorced and experienced a lot of domestic violence. This affected me greatly.”
- **Single parenting**
  - P: “Another problem is being a single mom. I have a lot of friends that are also single moms that deal with a lot of stress and that turns into depression.”
- **Behavioral problems with children**
  - P: “I had four boys and two girls and one son just did everything he thought he was big enough and bad enough to do. OK, so that was depressing for me.”
- **Caregiving stress**
  - P: “We had to take some of our siblings’ kids or our children’s kids because somebody is on drugs. This is a big, big issue.”
  - P: “I feel like I have to serve two families. I know I need to spend time with my husband and kids but I also feel responsible for my parents and my siblings.”
- **Death**
  - P: “We had a cousin die – two of them got killed at the same time. And two years ago my other nephew passed away unexpectedly. And so it’s like it all builds up.”



# Results - Social Determinants - - Cultural Issues

- **Discrimination**

- P: “You never hear about the place over there. I mean every time something happens it is [our neighborhood]. Yeah, and people wonder why we are all depressed. Because people all stand up on the TV lying.”

- **Separation from family**

- P: “We are far away from our families and our culture. We feel alone and unprotected...”
- P: “I’m from New Orleans. I miss my people...but we’re all scattered now...I think about home all the time and there ain’t no home for me to go to.”

- **Acculturation stress**

- P: “We (Hispanics) go through depression because we come from a different culture. It takes us time to adapt and that causes us a lot of anguish.”

- **Undocumented status**

- P1: “You are always scared that someone is going to come knocking at your door and...” P2: “You are always stressed.”

# Results - Social Determinants - Neighborhood Issues



- **General decline of neighborhood**
  - P: “You could say that the people must be depressed because the neighborhood is not kept up like it was when I grew up.”
- **Safety issues/crime**
  - P: “When you go into a neighborhood store you have got to be on guard...you don’t know what’s on these kids’ minds. Someone might start shooting...and take something out of your purse.”

## **Gang activity**

P1: “Yeah, deaths and gang activities in our community – young men and these gang activities.” P2: “Very depressing.”

# Results - Barriers

- Three types of barriers to help-seeking cited
  - Practical
  - Psychosocial
  - Cultural

# Results - Practical Barriers

## **Lack of insurance**

- P: “You know the kids if they don’t have insurance they have Medicaid, but it is harder for an adult to get Medicaid. There has to be an alternative to that!”

## **Lack of Financial Resources**

- **Lack of money for mental health services**
  - “You know, if it’s between do you get your kid a winter coat or do you pay for the counseling appointment ... you know what you need to go do.”
- **Lack of money for health promotion activities**
  - P: “I don’t have the money for the shoes to go jogging or walking or whatever it is. So there are a lot of barriers that come up.”

# Results - Practical Barriers - cont.

## **Lack of Clinics for Low Income Persons**

- P1: “It takes forever [to get in]. I mean they tell you that you can call at the beginning of the month and you call at 8:05 a.m. and they say, ‘Oh, we already took our five patients for the month.’”
- P2: “And by the time you finally get help you almost want to commit suicide.”

## **Lack of Transportation**

- F: “What barriers might exist...” P: “Transportation!”

## **Lack of Awareness of Existing Resources**

- P1: “People don’t know where they can go.”
- P2: “Yeah, lack of awareness of different resources.”

# Results - Psychosocial Barriers

- **Stigma**
  - P: “If we talk about depression and anxiety they think we are crazy!”
- **Lack of trust of existing services**
  - **Concerns about confidentiality**
    - P: “They have programs out here for women – depression programs and whatever. I would not suggest them only because once you get into those program you are in the system and everybody is in your business. They say it is confidential but it’s not confidential to the housing department! It’s not confidential to the case worker! It’s not confidential to CPS!”
  - **Fear of Child Protective Services**
    - “ They (CPS) use it against you in court.”
  - **Lack of confidence in professionals**
    - P: “They don’t know the neighborhood!”
    - P: “For people to understand it they have to actually do through it [depression].”
  - **Lack of Follow Through**
    - P: “People come into this community all the time... but when the money runs out so do they. This happens over and over and over.”

# Cultural Barriers

- Discrimination

- P: “Being Latina, there is a lot of discrimination unfortunately. There are a lot of Americans that I respect that treat us well. And there are others that don’t. We are human beings!”
- P: “If you’re poor and you miss an appointment they’re far less likely to let you come back.”

- Language Barriers

- P: “There are resources out there... but there are barriers like language.”

# Discussion/Nursing Implications

- **Research**
  - Results support and expand existing research r/t social determinants of mental health and barriers to help-seeking
- **Practice**
  - Practice implications at the local level
  - Policy implications
- **Education**
  - Broaden our curricula for new practitioners



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