Barriers in Seeking Treatment for Perinatal Depression in Low-Income African Americans

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INTRODUCTION

➤ Perinatal depression is an affective disorder that can occur during pregnancy and within four weeks of childbirth (APA, 2013).

➤ Within the general population, this mood disorder can occur at rates between approximately 6.5% to 12.9% (Sidebottom et al., 2021; Wenzel et al., 2021).

➤ Low-income, African American women are approximately five times more likely to experience perinatal depression than Hispanic, Caucasian, and Asian women (Cruser et al., 2012).

➤ Among African Americans, the prevalence of antenatal depression was found to be 15.3%, significantly higher than their White counterparts, 3.6% (Gavin et al., 2011).

➤ Although there is a recommendation to implement universal screening for perinatal depression across the U.S. at least once during pregnancy, disparities in the screening and rendering of psychiatric services are observed in low-income African American women (Powers et al., 2020).

PURPOSE

➤ The purpose of this project was to conduct a literature review and synthesis to evaluate current evidence on the major barriers encountered by pregnant low-income Black/African American women in seeking treatment for perinatal depression.

PICOT QUESTION

➤ What are the major barriers faced by low-income African American women, pregnant to 3 months postpartum, to seeking treatment for perinatal depression?

METHODS

➤ The design of this study was a systematic review.

➤ The conceptual framework that guided this systematic review was the Neuman's Systems Model.

➤ An electronic database search was conducted from September – November 2022.

➤ Search terms included: perinatal depression, African American, low-income, pregnant, barriers, and treatment.

➤ Databases searched included: CINAHI, PubMed, and ScienceDirect.

➤ Inclusion criteria: full-text, peer-reviewed studies, English, date range of publication within 15 years (2007-2022), and relevant articles that addressed the main topic.

➤ Melnyk & Fineout-Overholt (2019)'s Rapid Critical Appraisal checklists were used to evaluate the validity, reliability, and applicability for each study.

FINDINGS

➤ This sample consisted of 1 qualitative study (Iturralde et al., 2021), 1 cross-sectional study (Chang et al., 2016), 1 mixed-methods study (Sacks et al., 2015), and 4 descriptive survey studies (Goodman et al., 2013; Liu & Tronick, 2012; O'Mahen & Flynn, 2008; Salameh et al., 2019).

➤ Purposes ranged from examining various factors that influence low-income mothers from seeking treatment for perinatal depression (Goodman et al., 2013; Sacks et al., 2015) to examining social determinants such as race, socioeconomic status, and health characteristics as barriers for treatment engagement for perinatal depression (Chang et al., 2016; Liu & Tronick, 2012).

➤ Sample sizes ranged from 30 females (Iturralde et al., 2021) to 81,910 females (Chang et al., 2016) with a total sample size across studies of 87,318 females.

Theme 1: Avoidance of Psychiatric Medications

- There was a greater preference for prayer or psychosocial interventions over pharmacotherapy in treating perinatal depression (Goodman et al., 2013; Iturralde et al., 2021; O'Mahen & Flynn, 2008; Sacks et al., 2015; Salameh et al., 2019).

    - Depression was perceived as a weakness and could be overcome by prayer and faith alone.

        • Even in cases in which Black women previously experienced a depressive episode, antidepressants were considered less favorable than psychosocial interventions such as IPT or MCBT and faith-based approaches (Goodman et al., 2013; Iturralde et al., 2021).

Theme 2: Time and Resources

- In four out of the seven studies, researchers found that time constraints and costs were barriers to treatment engagement for perinatal depression (Goodman et al., 2013; Iturralde et al., 2021; Sacks et al., 2015; Salameh et al., 2019).

- Both clinicians and participants stated that inflexible work schedules and responsibilities of taking care of a child conflicted in their ability to follow up and see a mental health provider (Iturralde et al., 2021; Sacks et al., 2015).

- Another barrier for depression treatment engagement was costs of treatment (Goodman et al., 2013; Iturralde et al., 2021; Sacks et al., 2015; Salameh et al., 2019).

    • Higher co-pays and deductibles and lack of low-cost treatment options were described as barriers by participants in most studies (Goodman et al., 2013; Iturralde et al., 2021; Sacks et al., 2015; Salameh et al., 2019).

- Two studies found there were no racial/ethnic disparities noted in the perceived barriers of treatment for perinatal depression (Liu & Tronick, 2012; Salameh et al., 2019).

IMPLICATIONS FOR PRACTICE

➤ Advanced practice registered nurses should include culturally sensitive questions and encourage autonomy in decision-making to lead them to become more open in choosing mental health options if needed.

➤ Integrate psychiatric care with primary care to respond to the mental health needs of at-risk Black women (Ley et al., 2009).

➤ Include faith-based approaches, which may appeal to more African American women.

➤ Offer virtual appointments and/or the option for mothers to bring their children to the appointments for easier convenience.

RECOMMENDATIONS

➤ Future studies need to have larger samples and use provider-patient clinical interviews or computer-assisted interviews to reduce this bias.

➤ More studies regarding racial/ethnic differences in depression treatment engagement need to be completed.

➤ More research to assess barriers and facilitators for low-income African American women in seeking treatment for perinatal depression need to be completed.

References available upon request

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