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Mental Health Experiences of First-Generation Latina Mothers Living in Emerging Communities

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Conflicts of interest

I have no conflicts of interest to disclose



Latino population

- Latinos/as make up 18% of the U.S population
 - 30% of the population by 2050
- Foreign-born population is expected to increase
 - 19% by 2050
- It is important to address the needs of this population



Latino population Foreign-Born Population by Region of Birth: 1960 to 2010 (Numbers in millions) BOSTON COLLEGE SCHOOL OF SOCIAL WORK

Emerging Communities

- Areas that do not have an infrastructure for immigrant resettlement
 - Lack of cultural and linguistic services available
 Policies are less welcoming of immigrants

 - Increased tensions between long-time residents and immigrants
 - Greater level of distrust from immigrant community



Depression • Depression is the leading cause of disability worldwide • It affects 350 million people MHTTC Mental Health Technology Transfer Center Network MHTTC Mental Health Technology Transfer Center Network BOSTON COLLEGE SCHOOL OF SOCIAL WORK

Depression among Latinos

- Lifetime prevalence of depression among Latinos is 15% to 27%
 - Likely under-diagnosed
 - · Lower access to treatment
 - Rates vary by nativity and country of origin



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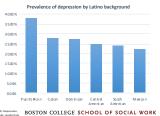
Depression among US-born Latinos

- US-born Latinos are the ethno-racial group with the highest rates of depression and suicidal ideation in the US
 - Suicidal ideation among 9th-grade Latina females reaches 40%
 - 18.5% making a suicide attempt
 - US-born Latinos whose parents are immigrants are 2.9 times more likely to attempt suicide
 - Later-generations of Latinos are 3.6 times more likely to attempt suicide



Depression among foreign-born Latinos

- Lower rates of depression
- Rates differ by country of origin 3500%
- Increases with acculturation



Depression among foreign-born Latinos

- \bullet Latinos are more likely to seek mental health services in primary care
- Somatic symptoms

 - Nervios (nerves)
 Dolor en el pecho (chest pain)
 - Dolor en el corazón (chest/heart pain)
 - Feeling "sofocada" (out of breath)



Purpose

To understand the lived experiences of depression among firstgeneration Latina women living emerging immigrant communities



Methods

Data and Sample

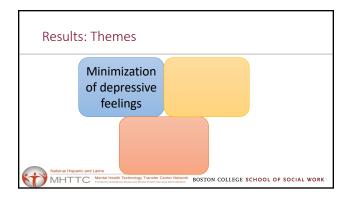
- Women, Infant and Children (WIC) Supplemental Nutrition Program in Central Illinois
- · Inclusion criteria:

 - Has child under 5 years of age
 - First generation Latina (migrated after age 12)
 Willing to be measured for height and weight

 - Older than 18



Data Collection Thirty in-depth interviews, May-September, 2015 Interviews in Spanish Data Analysis Thematic analysis Open coding – codebook development Development of categories Development of themes National Hispanic and Latino MHTTC Meetal Health Technology Transfer Center Network Monthly Institute Health Technology Transfer Center Network BOSTON COLLEGE SCHOOL OF SOCIAL WORK



Results: Minimization of depressive feelings

"Well, to be honest I feel very sad right now, but it's normal. My grandmother just passed. Two years ago I lost my mother. And five months ago my other grandmother also passed so it's normal. To be honest I feel very sad, I still can't get used to being without my mom. I don't want to cry. I couldn't go [to their funeral]... So, yes, to be honest, I cry very often" (10)



Results: Minimization of depressive feelings

"The first year [postpartum] was good. The first few months I think it's normal to feel sad, but yes they asked me some questions and told me that yes [I was depressed] but that it was normal...I was sad because it was a painful C-section and I felt apathetic about it. But after a while I got over it." (10)



Results: Minimization of depressive feelings

"I am in love with Crisis Nursery... Although people don't use it much. I think people are scared of the name. My husband is also upset that I go there, but too bad for him... he tells me, "you're not $% \left(1\right) =\left(1\right) \left(1\right) \left($ in "crisis" but he doesn't understand it's not about that. It's a place to prevent any sort of crisis and I need to prevent it because what do I do if I become sad or I go mad or whatever. What I do? I have no one." (12)

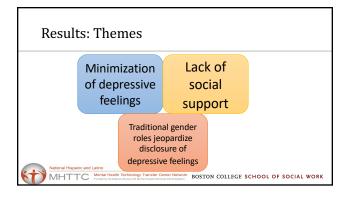


Results: Themes	
Minimization of depressive Social	
feelings support	
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Results: Lack of social support	
"[I talk] with my husband. He's a good friend I can count on him for anything Although I talk to him about general issues. Otherwise I	
try to organize my ideas alone"	
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Results: Lack of social support	
"Not having my family around me here has consequences. I think if I were in [country of origin] it wouldn't be so hard. Here, if you don't	
were in [country of origin] it wouldn't be so hard. Here, if you don't maintain your social network, it disintegrates because there aren't loved ones around." (12)	

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"Well, it's a country where there are a lot of opportunities. But really, I don't like a lot of things because it's a really enclosed place. [In my country of origin], you spend all day outside, and here you need a car to go anywhere, and [in my country of origin] you do not. For that reason, it's really different." (7)

"...in the beginning it was a huge change and I was only 19. It was like 'wow what am I going to do with myself' and it was wintertime and I was with the baby. So it was like I had to be here inside the house practically all the time. I didn't drive... so I practically had to wait for my husband to come home from work and from time to time we'd go out to dinner" (20) "Even though it's a very beautiful country and even though California is very beautiful, I didn't like it. I felt enclosed. It's not the same as in our countries. It's poorer [in our countries], but you feel freer." (10)



Results: Relative prosperity

"I usually don't talk to anyone about my feelings, I keep them inside. When we first arrived from [country of origin], I cried a lot because we were in a different country and we had left the family. When I cried my husband used to get mad at me because our son is very perceptive, so he would ask "mommy, why are you crying? It's probably because you miss your siblings". So it was like I was transmitting that sadness to him. So now when I feel sad, I wait until night or until they're sleeping; or I "swallow my sadness"" (24)



Results: Relative prosperity

"One of the reasons I went to Crisis Nursery was because I started to feel a little depressed when my boy was a year and a half. I said to [my husband]: "you know I feel alone, I don't have a work visa... I am trapped... When I started telling him that, he started talking to me about his problems and in the end he ended up crying. This was the dynamic, so I said, "I can't [rely] on him"... we get along very well and everything but in the emotional part I am the pillar. So, I asked for help... I went to Crisis Nursery, they offered me a support group and they offer you a psychologist, too... that helped me a lot" (12)



Implications

- Depression is prevalent among Latina immigrant mothers
- · Screening tools may not detect it

PATIENT HEALTH QUESTIONNAIRE-9				
Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3



Treatment for depression

- Most interventions developed for European and African Americans
- Special cultural adaptations are important when working with Latinos/as
 - Increase treatment adherence and effectiveness



How do we effectively adapt interventions?

- $\bullet\,$ In effective programs the cultural adaptations made were:
 - Use of bilingual and bicultural facilitator
 Simpatía (sympathy)

 - · Respeto (respect)
 - Familismo (familism)
 Personalismo (warmth)

 - Spanish sayings

 - Idioms
 Si, pero (yes, but) as substitute for ABCD method
 - Topics related to acculturation
 Topics related to migration

Pineros-Leano, M., Liechty, J. M., & Piedra, L. M. (2017). Latino immigrants, depressive symptoms, and cognitive behavioral therapy: A systematic review. *Journal of Affective Disorders*, 208, 567-576.

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Content add-ons

How do we effectively adapt interventions?

- Logistics
 - Transportation
 Child care

 - Snacks

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Discussion

- Group therapy seemed to be preferred by Latinos
- It is important to include bilingual and bicultural facilitators and include Latino constructs such as *familismo* and *personalismo*
- Si, pero seems to be an effective and more culturally appropriate way for cognitive restructuring
- \bullet Also, it is important to address the experiences of migration and highlight it as a strength



Take-home messages

- Depression is prevalent among Latino immigrants
- The screening tools we have may not be effective in identifying depression among Latino immigrants
- There are cultural adaptations that can be made to existing interventions to make them more culturally-competent and effective



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QUESTIONS?

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Defining "Latino"

- Umbrella term to refer to people from Spanish-speaking background and trace their heritage to Cuba, Mexico, Puerto Rico, Central or South America
- · Different experiences
- Different backgrounds

However...

- · Importance of family
- Language
- cultural traits and values
- Religiosity
- Immigration experiences

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Appraisal of the evidence

- Studies 2,6,7,8 had a strong methodology compared to the rest of studies
- Random assignment
 Large sample sizes
 Comparison group
 Follow-up measures
 Effect sizes available
- However the studies lacked:
 - In-depth description of the sample
 Detailed descriptions of cultural adaptations made

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- 8 studies showed significant improvement in depressive symptoms
- 4 had control groups; 5 used pre/post but no control group
- 7 included follow-up measures ranging from 2 to 6 months post treatment
- 6 studies had samples that were all Latino/a immigrants
- Duration sessions ranged from 6 to 12 weeks
- Sample sizes ranged from 5 to 217 participants
- $\bullet\,$ 7 studies were conducted with urban dwellers; 2 studies focused on participants from rural areas
- Most studies were offered in group format

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