Indigenous approaches to postpartum mental health

Assessing opportunities for community-based growth and solutions

Home Visitor's Call
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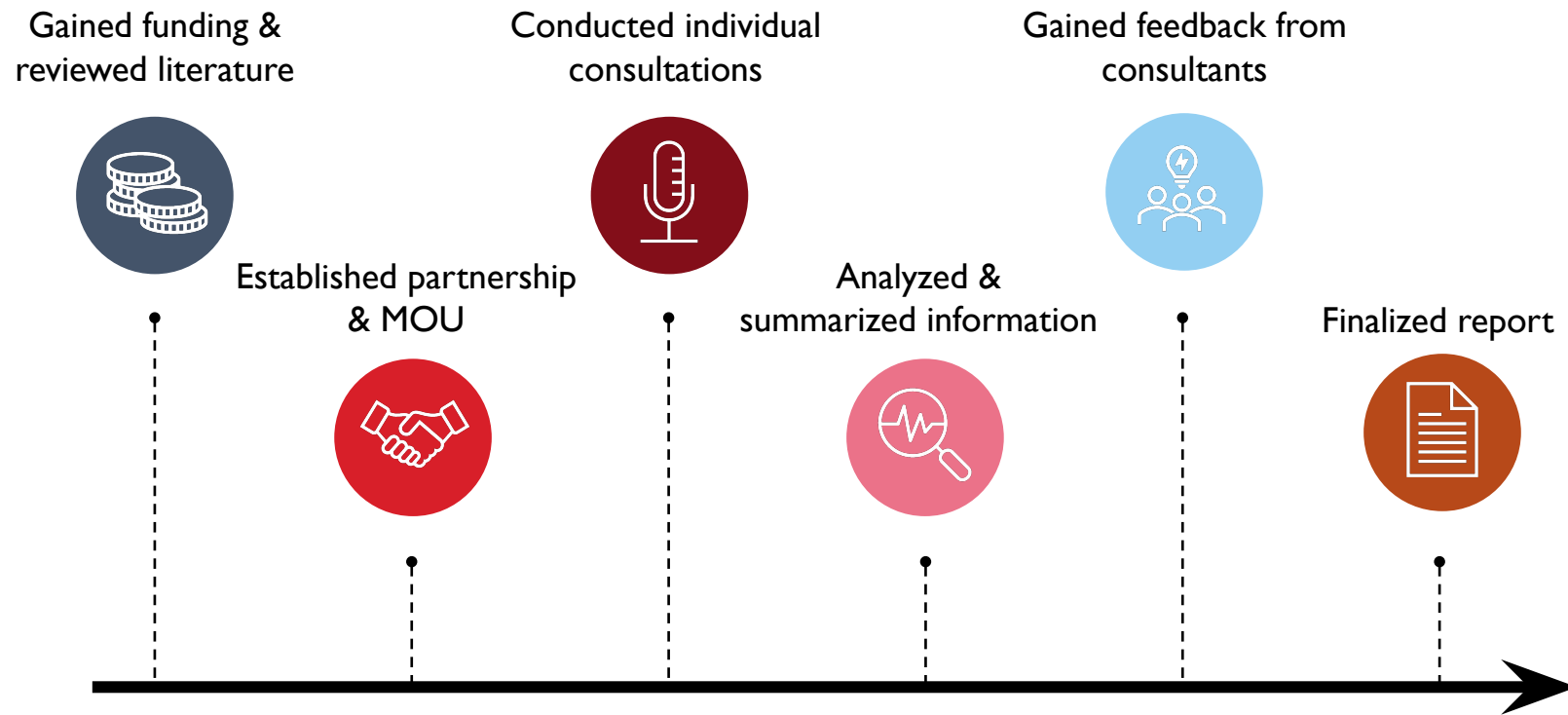
Study Overview

Objective

Consult with perinatal health and well-being experts to provide preliminary information about services available to support Michigan's Indigenous women experiencing postpartum depression and anxiety.

The process

Gained funding &
reviewed literature

Conducted individual
consultations

Gained feedback from
consultants

Established partnership
& MOU

Analyzed &
summarized information

Finalized report

Final Products/Report

- 6 Infographics
- Short PPT slide deck based on infographics (to be viewed together or in chunks)
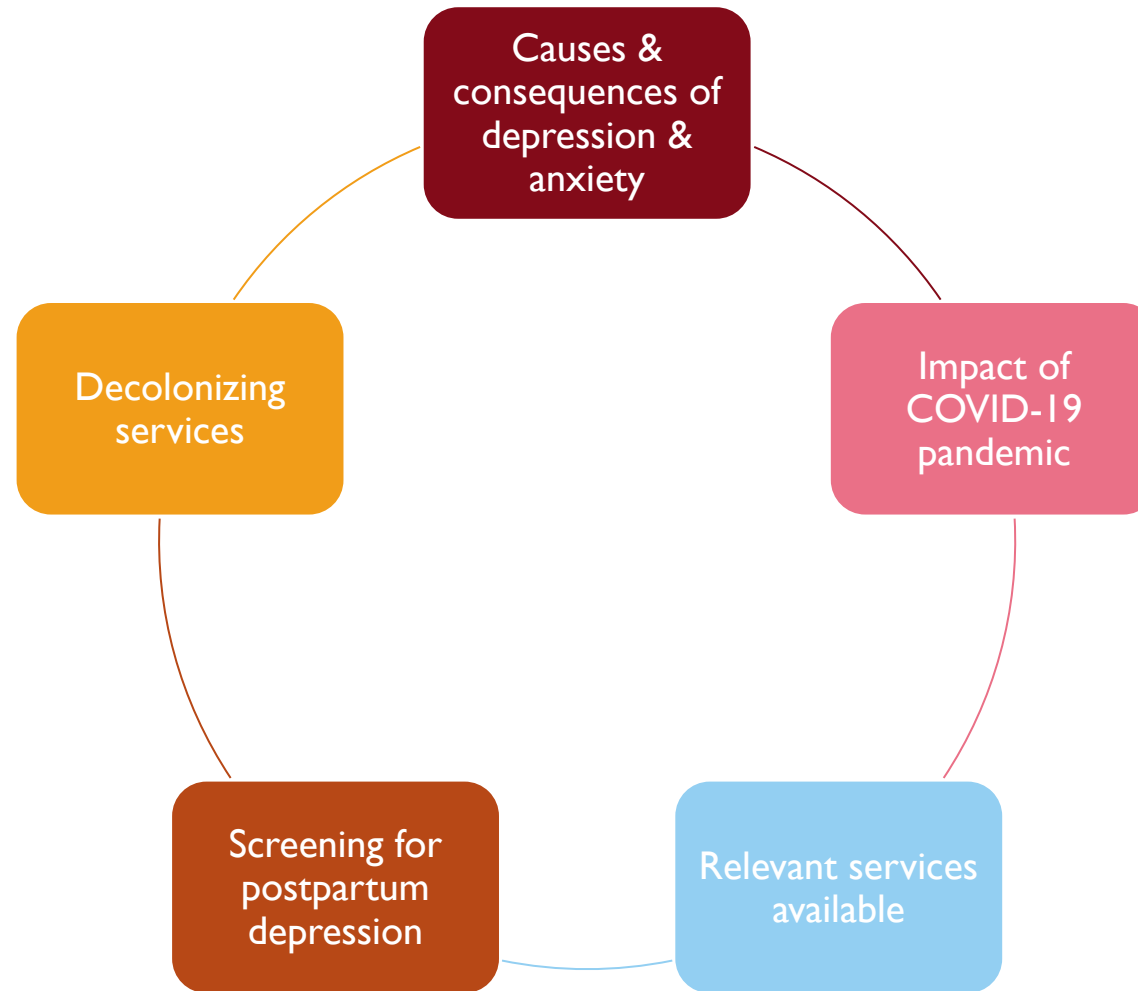- Long PPT slide deck with deep analysis

Consultants

Breastfeeding Supports

Home Visitors

Therapists

Tribal Staff

Midwives & Doulas
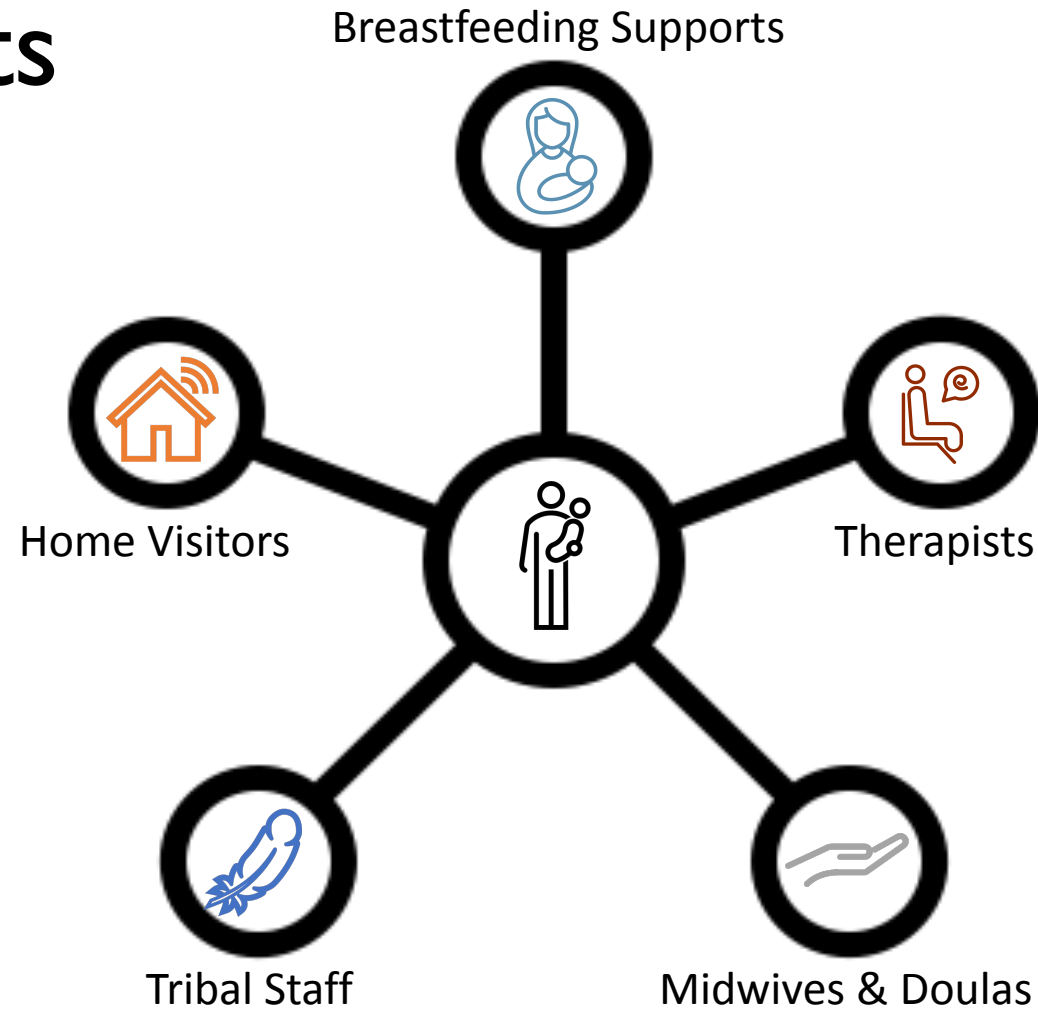
Held consultations with 23 professionals currently in or with a history of being in relation with perinatal people.

Consultations focused on
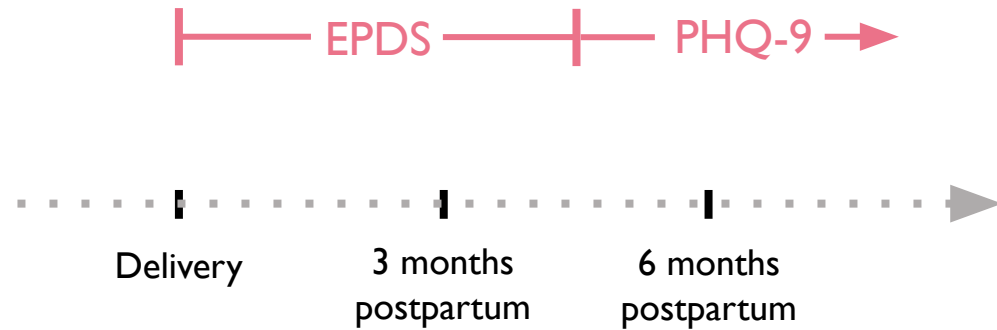

- Causes & consequences of depression & anxiety
- Impact of COVID-19 pandemic
- Relevant services available
- Screening for postpartum depression
- Decolonizing services

Screening for Postpartum Mental Health Concerns

Typical postpartum depression screening

EPDS ——— PHQ-9 →

Delivery   3 months   6 months
                  postpartum   postpartum

If scores from a screener are above a pre-specified cutoff value, this may prompt a follow up conversation regarding experiences with depression symptoms.

It is difficult to put a number on the percent of moms that experience postpartum depression. Even with the use of a screener, there is likely an underestimate of the true burden and moms go undetected, undiagnosed, and un- or under-treated.

While screeners are useful tools, they do not capture all instances of postpartum depression. Identified weaknesses of the EPDS, specifically, include that:

| Moms may not feel comfortable answer the questions truthfully. | The questions can be worded or structured in a way that doesn't align with real life experiences of postpartum depression. | Some of the content is not explicit enough regarding suicidality. | Given the personal and vulnerable experience of postpartum depression, a screener can feel like an inadequate, impersonal tool. | Other postpartum mental health experiences (e.g., anxiety) are not considered or screened for. |

"Because we're mandated reporters, I think a lot of moms get kind of nervous about what they can say and how honest they can be."

"There's one question that says, "Have you thought about harming yourself?" But then, I've had the experience with talking with clients where they can interpret that as cutting, or other coping mechanisms, which is different from suicidality."

"And then we also use the screeners like the Edinburgh screener. So that's another one that we use to screen people, but sometimes they're very good at hiding it. I did have a mom one time that went to the emergency room and was admitted for severe depression, and I could not believe it."

Practice-Based Evidence complements evidence-based practice

"Practice-based evidence" speaks to the relationships and interactions that exist before baby arrives. Those with an existing relationship with mom can have a good sense of who struggles with postpartum mental health issues because they are in conversation, asking questions, and observing.

Cues of concern that consultants notice include:

Having a "flat effect"

Not following through with commitments

Letting personal hygiene and house care slip

Exhibiting physical symptoms like weight loss

Not connecting with their baby

Having emotional responses like anger or tearfulness

"But the type of things that I'll notice, I mean, I'll have just a feeling or I'll see certain signs. Like I said, you can just really tell in the way that they carry themselves, and the way that they relate to their baby."

Causes & Consequences Of Postpartum Depression & Anxiety

"Well, I think for Black and Brown people, or for Indigenous women at least, there are social implications. Because our hierarchy in needs is community-driven versus individually-driven. So, when we're not feeling our best or able to smile and tell jokes or hang in places that we did before, that tends to add to that depression."

Identified Causes
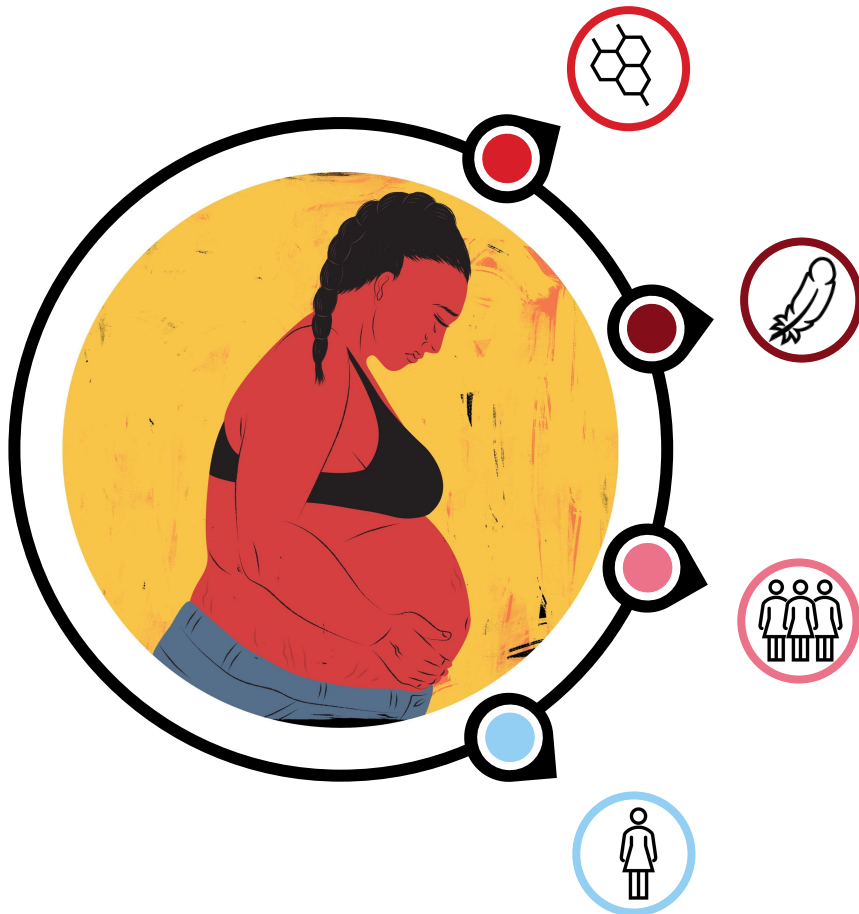
Most consultants thought postpartum depression was caused by a combination of factors ("many layers")

BIOPHYSICAL
Pre-existing depression and/or anxiety; Fluctuation in hormones after birth; Poor sleep and diet; Chemical imbalance; Stress

CULTURAL
Interruptions to passing of traditional or cultural knowledge surrounding pregnancy and childbirth

SOCIAL
Lack of support for mothers, including community involvement, family support, practical help with baby, and fear of reaching out for help; Traumatic birth experience

INDIVIDUAL
Change in identity (becoming a mother); Unrealistic expectations; Loss of friends; Mother's experience with childhood trauma or domestic violence; Stress due to financial worries or lack of resources

Named Consequences
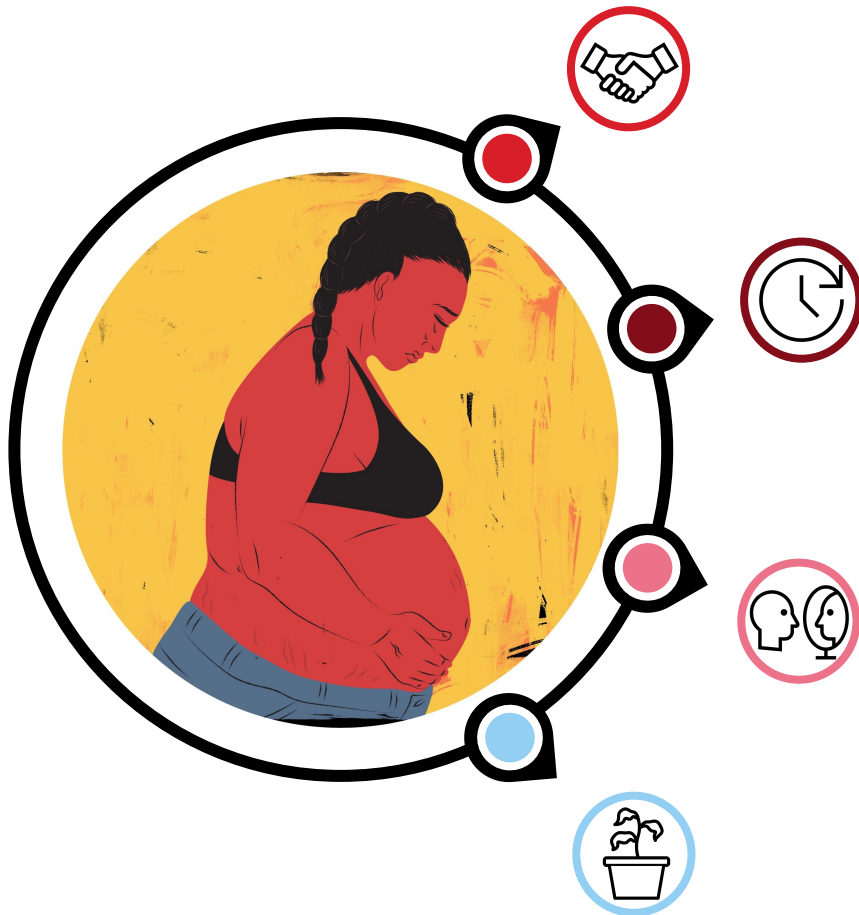
AFFECTS RELATIONSHIPS
Affects ability to form bonds with baby, maintain relationships with other children or a partner, and can lead to self isolation

IMPACTS FUTURE CHOICES
Impacts decisions to work, attend or enroll in school, or have future children

LOWERS SELF ESTEEM
Can lead to feelings of failure, shame and guilt for not bonding with baby, or feelings of being lost

LEADS TO SELF NEGLECT
Affects ability to seek help or keep regular appointments and can lead to self-harm or suicide

Postpartum mental health and its connection to historical trauma

Interruption in transfer of traditional knowledge around birth, when traditional knowledge is protective	Hormones trigger memories and women are more vulnerable to fluctuations in hormones	Disruption to community; lack of examples of healthy breastfeeding, parenting, and healthy foods	Fear of reaching out for help due to threat of child removal

Services & Interventions Available To Support Postpartum Mental Health

There is no universal standard of care or set of services to address postpartum mental health concerns. Rather, services & interventions are provided based on the circumstances, context, and concerns of each person.
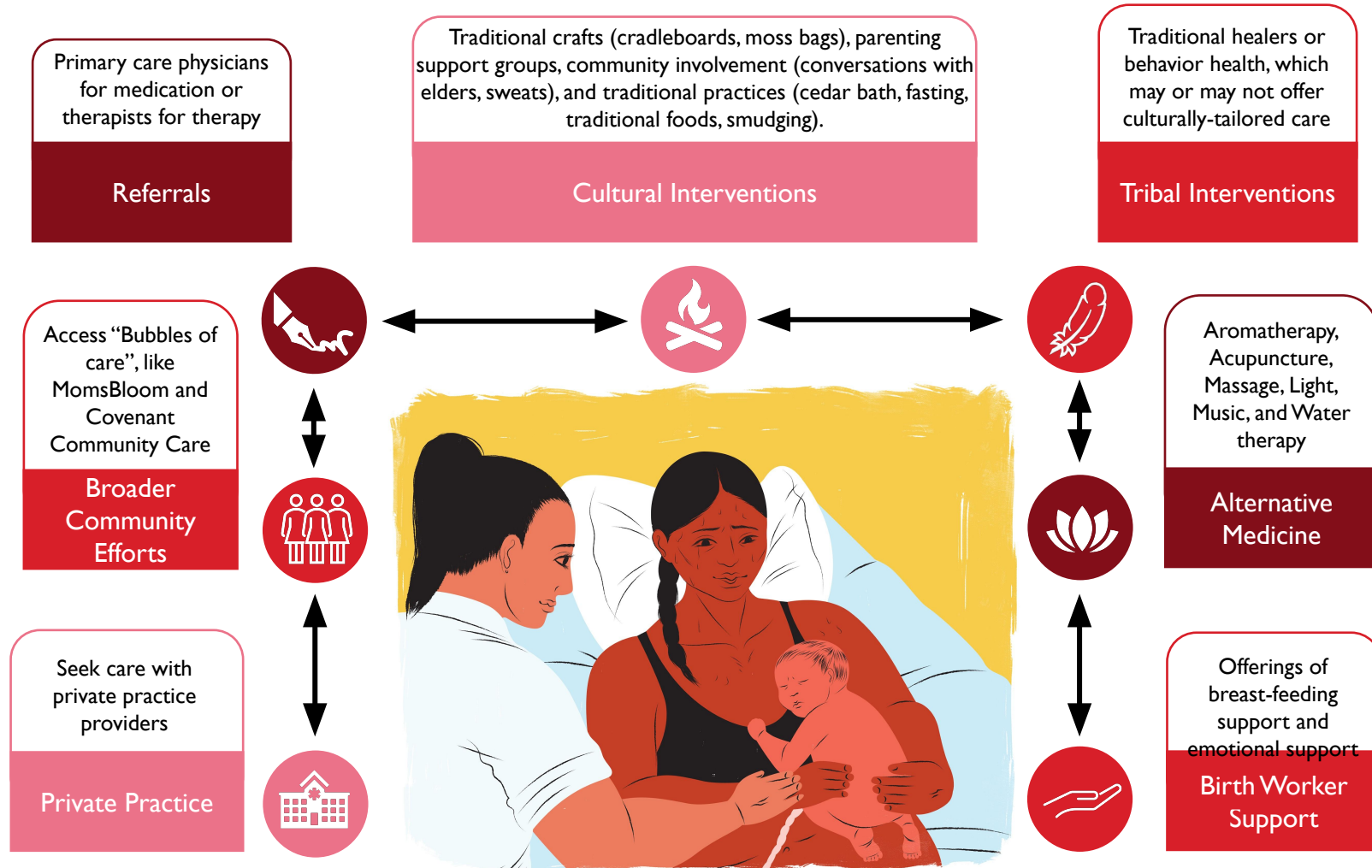
Attitudes towards services are *favorable* when:

- Trust with providers is well-established and maintained
- Postpartum mental health is covered well throughout prenatal care
- Support group settings are available

Attitudes towards services are *unfavorable* when:

- Past bad experience shapes understanding of services or past services did not help
- There continues to be implicit bias on the part of providers
- There is a lack of family support
- Stigma continues, including embarrassment with being seen at behavioral health

General mental health services and interventions in a particular community ranges from a few options to many:

Primary care physicians for medication or therapists for therapy

Referrals

Traditional crafts (cradleboards, moss bags), parenting support groups, community involvement (conversations with elders, sweats), and traditional practices (cedar bath, fasting, traditional foods, smudging).

Cultural Interventions

Traditional healers or behavior health, which may or may not offer culturally-tailored care

Tribal Interventions

Access "Bubbles of care", like MomsBloom and Covenant Community Care

Broader Community Efforts

Aromatherapy, Acupuncture, Massage, Light, Music, and Water therapy

Alternative Medicine

Seek care with private practice providers

Private Practice

Offerings of breast-feeding support and emotional support

Birth Worker Support

Identified challenges to accessing & using mental health services

Many mental health services or cultural services are not tailored to address postpartum mental health.

"I mean there are--all of our therapists at our site are able to use traditional medicines and traditional practices. Most of them aren't especially trained in postpartum mental health, but I think it's still worth it for families to see them."

Getting connected to care is contingent on having a provider that knows options in the community.

"Other than our behavioral health counseling here, I'm not really familiar with anything. Following up with their doctor to see about getting on a medication or another referral somewhere. But that's it. I don't know of anything else."

Siloes of care that contribute to lack of continuity in care.

"Well, we already have the problem of we're in two different locations, so there's a lot of problems with communication. And then, I don't know if other organizations probably talk about this all the time, but we're always talking about silos, how we're in our own individual silos. And so, that makes it difficult."

Ideal Postpartum Mental Health Care

"…that sense of community is a matrix of everybody… the mother and the baby are floating in the middle there with help and she's got every support and resource she needs"
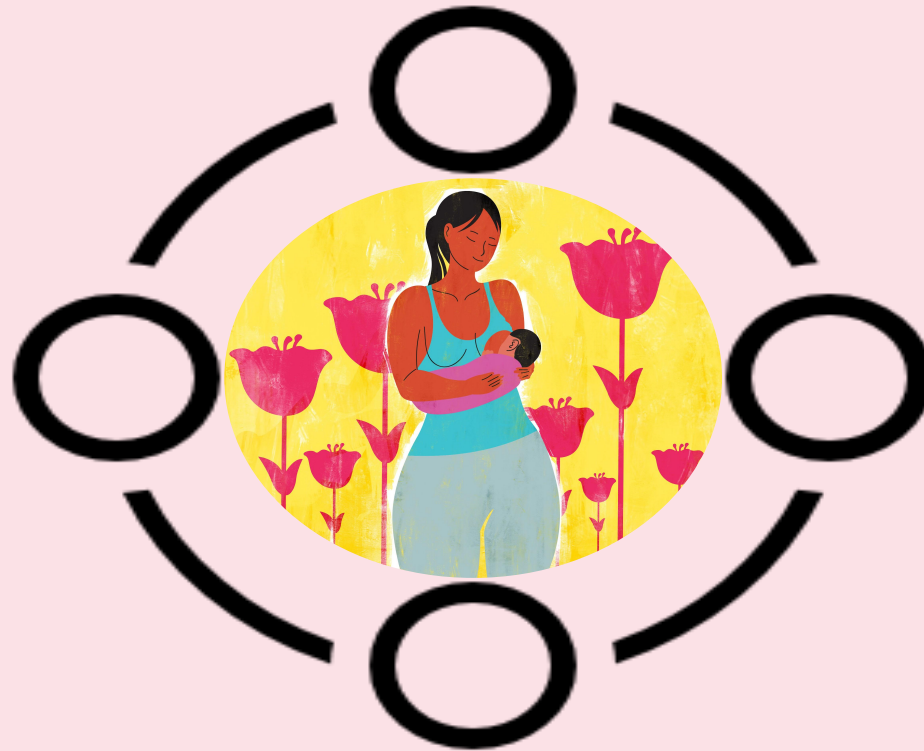
"…it would be a network of other like-minded women, indigenous or not indigenous, that would kind of go back to the traditional ways. Really coming into the woman's home, obviously invited. Coming into the woman's home, providing them with soup, tea. Maybe singing for them, if that's something they'd enjoy. Playing with their other children, taking some of the responsibilities. Doing their laundry, doing their dishes, sweeping their floor, opening their windows, taking their dogs for a walk. Checking in with them and kind of just sitting with them and being with them in a way that it's helpful but it's not clinical and procedural…"

Decolonization of services

Independence from biomedical dominance & consumerism

Reparation, reconciliation, return resources

Reconnection to land-based culture

Non-linear community matrix

Integration of life-cycle teachings

Humble balance between autonomous & collective needs

Indigenization

Integration across services

- Integration & continuity of postpartum care
- Seamless integration of traditional medicine & ways of life into care
- Integration of balance (mind, body, spirit, heart)
- Fuller integration of postpartum mental health services, knowledge & expectations into prenatal care
- Flexible & inclusive community-based child / self / family care
- Connection to other women / families
- "Less talking and more practical support"

Practical improvements

- Broader array of home visitor services to include counselling, traditional healing & other
- More drop-in services
- Community-based prenatal care classes
- Specific postpartum mental health specialist & curriculum
- Birth & postpartum doula support
- Assessment of preferences of types of services

Structural changes

- Solved insurance issues
- Well-established & integrated care safety (not just competency training)
- Care needs met appropriately & flexibility
- Research postpartum period for better understanding of appropriate service development
- Better identification of & outreach to expecting Indigenous people in the community

Impacts Of The Covid-19 Pandemic

So, we currently service in behavioral health approximately 400 to 450 individuals, most recently an increase of 40%+ due to COVID. Our crisis calls right now are just astronomical. Even though we're a good year and a couple months into this, I'm averaging approximately three to four crisis calls a week. So, it's been troublesome. We deal a lot with trauma. There's been a lot of depression, anxiety, and trauma coming out most recently due to COVID and loss of positions, and actually this is a great opportunity to speak with you because the increase in women, and even young ladies, youth and children, I mean we're finding a lot of suicidality behaviors and so forth.."

Impacts on individuals and families

"COVID has exponentially affected birth in every way shape and form..."

Making decisions out of fear of infection

Increased home birth and doula requests

Separation of moms and babies due to suspected COVID infection

Fear of infection & limiting visitors

Increased isolation, yet time for bonding

More aware of mental health state

Fear of child infection limits activities outside the home

Increased anxiety and mental health issues among children and parents

Developmental delays among children due to limited outside interaction

Impacts on service provision

Impacts on Service Delivery & Processes

Less frequent in-person contact throughout pregnancy, means home visitors know less about what is going on with a family.

Virtual interactions are shorter because people hit their attention limit sooner.

Families come in and out of programming due to COVID-related stresses and disruptions to schedules.

Staff changes, including losing and gaining personnel impacts consistency.

Logistical Challenges

Being out of the office means that communication between departments and staff isn't happening like it would in-person.

Intake paperwork and assessments are hard to do virtually.

Switch to telehealth is challenging for many due to connectivity issues, lack of privacy, increased disruptions, & unclear social rules and norms using Zoom.

Online communication has provided a way for families to disengage.

Creative solutions implemented

Implement incentives, like entering a drawing, to encourage participation

Schedule virtual playdates

Use social media and texting to stay connected with families

Continue to be flexible and understanding to meet families where they are

To address pressing postpartum mental health concerns among Michigan's Indigenous women, **next we aim to**:

1 Connect with others doing similar work

2 Launch an in-depth study of postpartum mental health

3 Hold conversations around community-based solutions