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Psychosocial risk factors and mental health symptoms in Latino immigrant parents presenting to a pediatric clinic

Elisabet Arribas-Ibar, PhD candidate
Rheanna Platt, MD, MPH

Association of parental mental health problems/distress with child outcomes

- Health
  - Obesity, asthma
- Developmental and behavioral
  - Cognitive development, mental health symptoms
  - Ability to implement behavioral interventions, parenting self-efficacy
- Health care utilization
  - Well child visit attendance
  - Vaccination status
  - ED/Urgent care visits

Adversities faced by recently immigrated parents

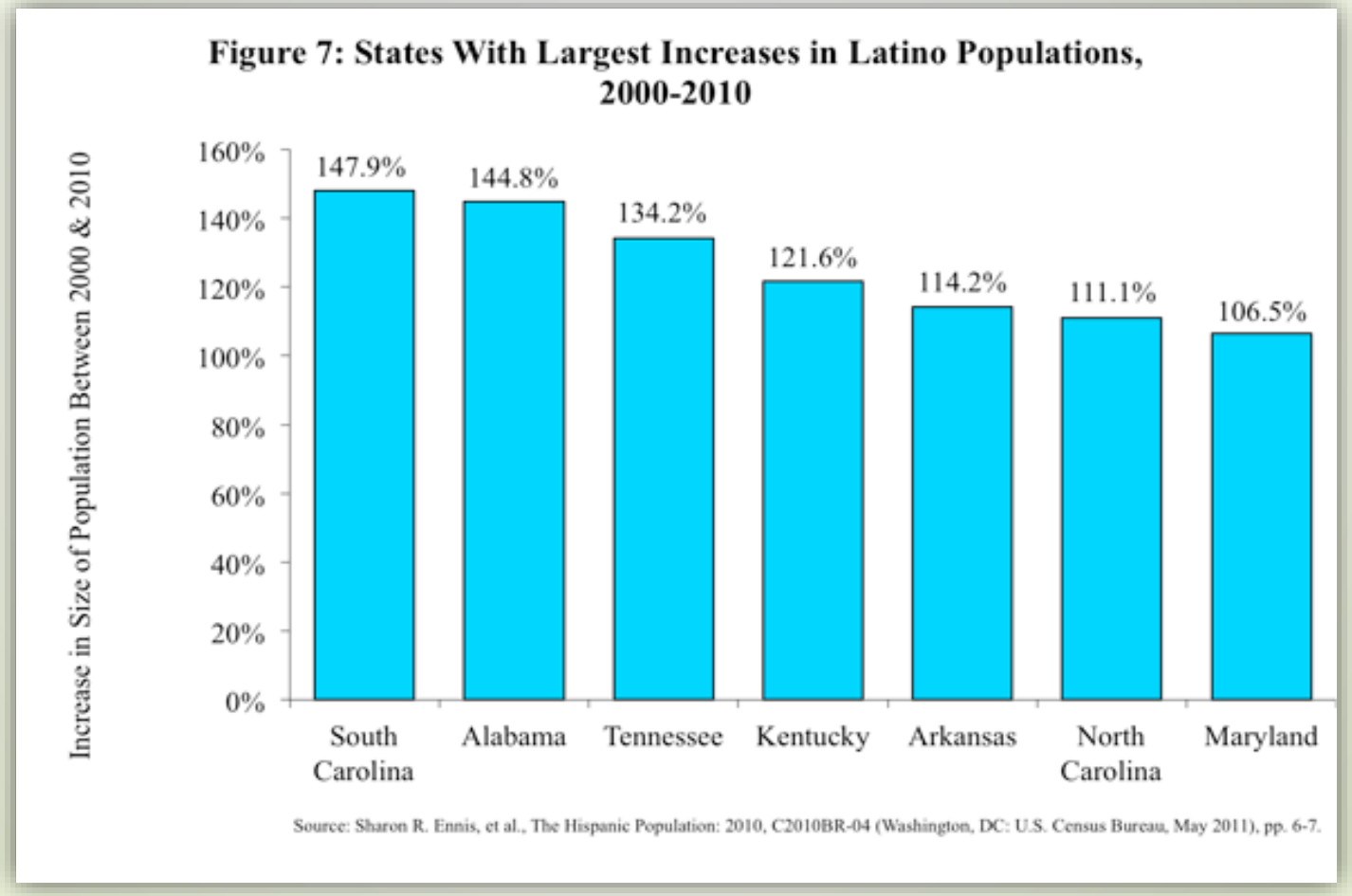
- Violence in country of origin
- Violence during the process of immigration
- Discrimination, acculturative stress, and poverty in the receiving country
- May increase risk for parenting stress and parent mental health problems
  - Increased rate postpartum depression in some studies (Gannan et al)
  - Lack of social support a risk factor
- Potential for intergenerational transmission of adverse effects of acculturation from parent to child

Parent immigration and child outcomes

- Limited literature
- Immigration-related problems (parent deportation, separation, perceived discrimination) related to multiple domains of sx
- Recent studies suggest possible increased risk for ASD in some children of immigrants in US and Europe *(Berrera et al 2014; Magnusson et al 2012)*—not a universal finding
  - Highest in children of parents who migrated from regions with low human development index, peaks when migration occurred around the time of pregnancy
- Many potential mechanisms
  - stress, later identification, dietary change, immunologic/infectious, language barriers

Low mental health service use in Latino immigrant population

- Particularly in "emerging settlement" locations, (settings with little history of incorporating immigrant or Latino populations)



Maryland/Baltimore Landscape

- Extremely limited data on mental health status of Latino population
  - Ethical, practical challenges
- Relatively high rate of self-reported "poor mental health" in Latinos compared to non-Hispanic whites (MBRFS)
- Lack of access to health care or health care coverage is an issue
  - *2011 Mayor's report: ~3/4 without healthcare coverage in previous 12 mo, 40% reported no place to go for health care*

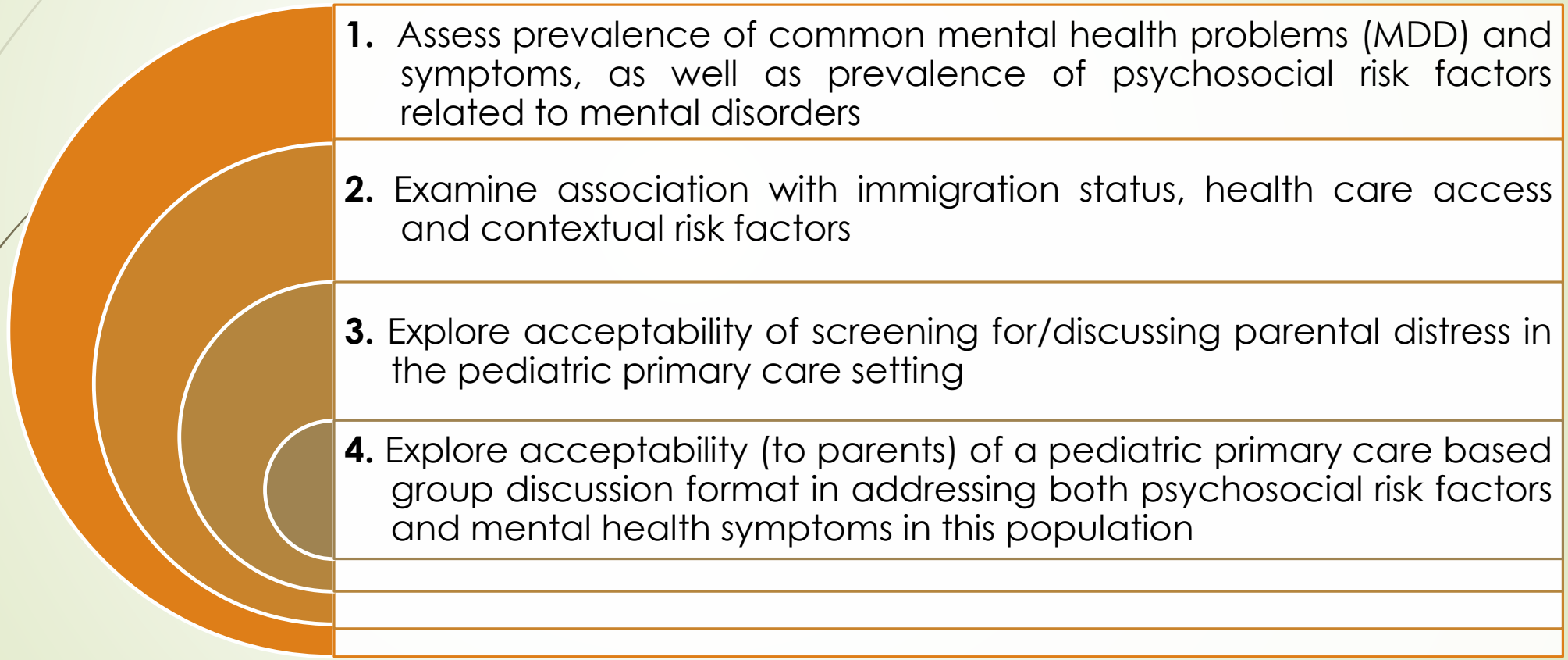
Potential role of integrated care in addressing **risk** and **lack of access**

- Potential means to address disparities in mental health service access and utilization by Latinos and other ethnic minorities (review of engagement interventions)

- Particular role of **pediatric primary care** setting when parents lack access to health care
  - Platform to identify parental adversity, develop targeted approaches to mitigate modifiable risk factors, promote well-being of parents and children

Objectives

In Spanish-Speaking parents whose children are attending well-child visits:



Study design

- Mixed Methods study (Survey, In Depth Interviews, Child record review)
- Study Sample: Latino immigrant parents of children ages 0-5 attending well-child visits at Johns Hopkins Bayview Children's Medical Practice

Verbally administered survey to **N=100** parents

Review of Child's medical records **(N=100)**

In-Depth Interview with subsample **(N=11/20 completed)** of parents

Survey topics

- Limited by total number of questions (Suggested 35-40)
- Questionnaires used in large regional/national surveys validated with U.S. Latino population
  - **PHQ-8** (Positive ≥ 5)
  - **GAD-2** (Positive > 3)
  - **Primary Care PTSD Screener** (PC-PTSD—translated)* (Positive ≥ 3)
  - **AUDIT-C** (≥3 for women and ≥4 for men)
  - **Woman Abuse Screening Tool (WAST)**- relationship strain only
  - **Appraisal Support Subscale from Interpersonal Support Evaluation List (ISEL)**—low vs high
  - **Immigration Stress questions from National Latino and Asian American Study (NLAAS)**
  - **Immigration status, health access questions from California Health Interview Survey (CHIS)**
    - Went to Latino Family Advisory Board to discuss acceptability of questionnaire topics (particularly immigration status questions)
  - Other **demographic info** (country of origin, time in US, number of children)
- **96% Response Rate, 92% of respondents were female**

Description of the sample

- **Countries of Origin:**

  Mexico (15.5%), El Salvador (14.4%), Honduras (13.4%), Guatemala (12.40%) other (South America) (44.3%).

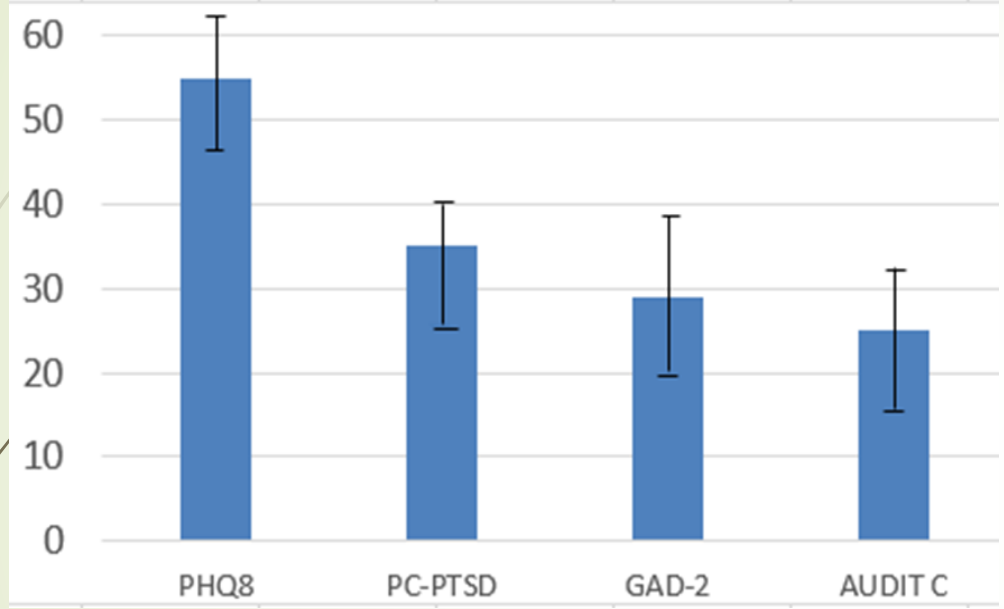
- **Level of Education:**

  <6th grade (16.5%), 6th grade (19.6%), Completed 8th grade (18.6%), high school (21.6%).

- **Live with partner** (87.6%) 
- **Mean 1.5 children** (range 1-4) 
- **US arrival (1999-2015):** 2008
- **English speaking** Not well (45.4%) and not at all (28.9%)
- **Undocumented status** (82.5%)

Survey Results

Prevalence of mental Problems

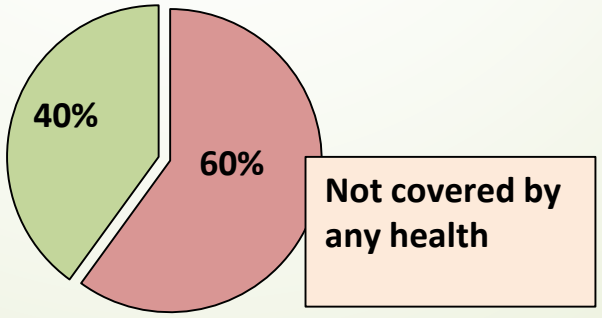


Associations:

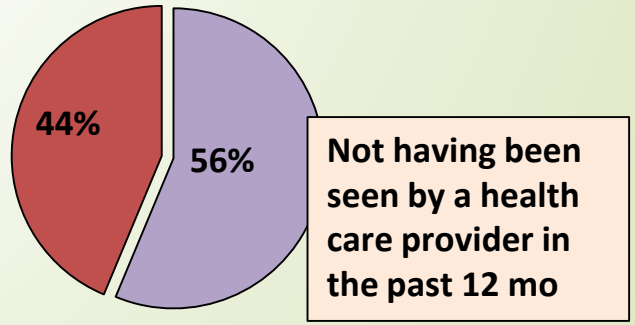
- **Positive PHQ-8**
  - **Less education** <6th grade **68.4%,** p<0.02
  - **Partner relationship Strain 59.3%,** p <0.03
  - **Immigration stress** (feeling guilty for leaving family, friends) **58.1%**
- **Positive PC-PTSD**
  - **Immigration stress 45.5%,** p<0.03
  - **Poor English Proficiency** (not at all vs any level, p<0.01) **60%**

Health Care Access:

Positive PHQ-8



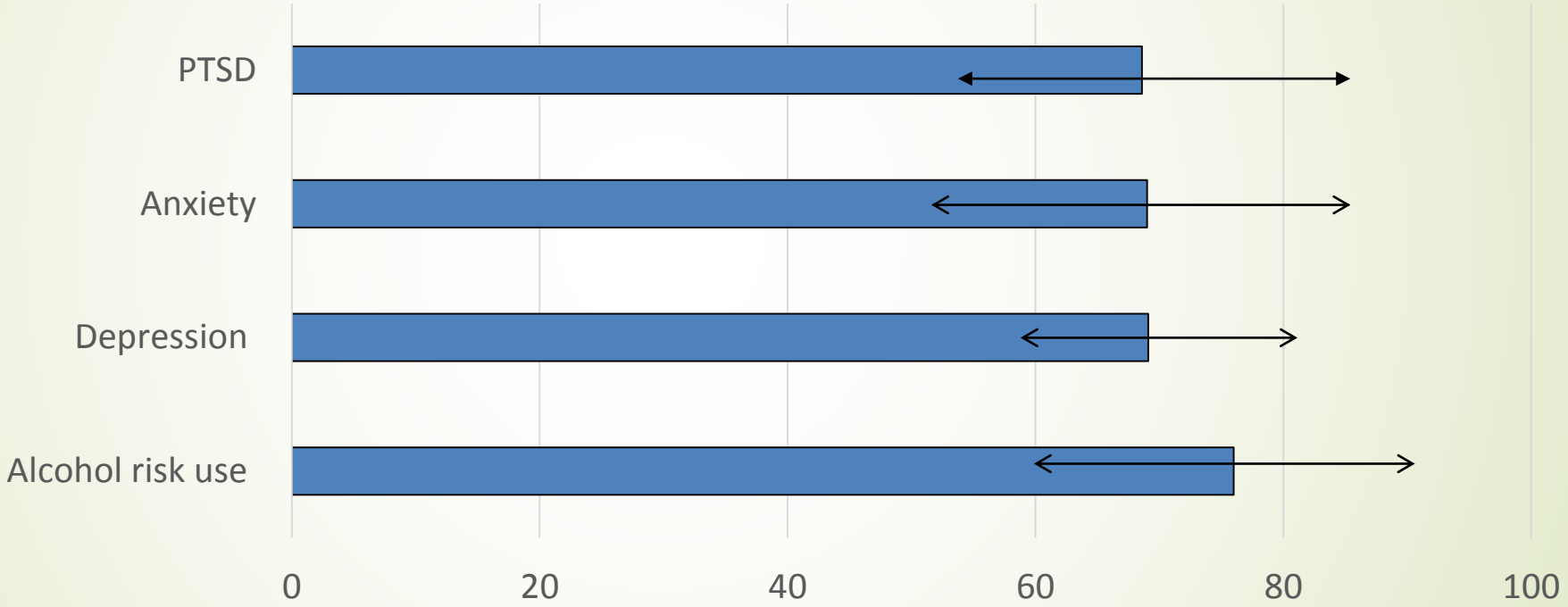
Positive PHQ-8



Survey Results

Social Support

- High prevalence of symptoms in those with poor appraised social support



- Younger participants (< 30 years old) and those with more children reported poorer appraised social support.

In-Depth Interviews

- Further exploring

1. Sources of parental distress
2. Acceptability of screening for parental mental health symptoms in the primary care pediatric setting
3. Acceptability of a potential group-based well-visit model in the pediatric setting (Obstetrics preparing to pilot group visit model in next year)

Interviews—Preliminary review

- Convenience related to scheduling/timing of interviews (vs purposeful based on survey info)
- N=11, all female, 2-4 children, 10/11 in US for >7y
- Most Common Sources of stress
  - Finances
  - Documentation Status/Legal Problems
  - Access to Childcare
  - Limited English Proficiency
- Some mothers also mentioned **interpersonal violence** and **lack of access** to health care as stressors
- All mothers **expressed interest in pediatric primary-care** based intervention
  - Majority interested in group, some preferred 1:1
- Expressed **low support/Cohesion** from Latino community in Baltimore

Limitations and Next Steps

- **Limitations:**
  - Single Clinic
  - Sample Size
  - Limited background information and length of survey (breadth vs depth)
  - Limited quality of pediatric screening data (design of database)

- **Next Steps:**
  - Continue, analyze IDI's
  - review of children's records to assess for potential intergenerational impact of parent symptoms and risk factors.
  - development of a pediatric primary care based intervention designed to increase parental social support

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