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

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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)

**Figure 7: States With Largest Increases in Latino Populations, 2000-2010**

<table>
<thead>
<tr>
<th>State</th>
<th>Increase in Size of Population Between 2000 &amp; 2010</th>
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<tbody>
<tr>
<td>South Carolina</td>
<td>147.9%</td>
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<tr>
<td>Alabama</td>
<td>144.8%</td>
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<tr>
<td>Tennessee</td>
<td>134.2%</td>
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<tr>
<td>Kentucky</td>
<td>121.6%</td>
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<tr>
<td>Arkansas</td>
<td>114.2%</td>
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<tr>
<td>North Carolina</td>
<td>111.1%</td>
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<tr>
<td>Maryland</td>
<td>106.5%</td>
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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:

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<tbody>
<tr>
<td><strong>1.</strong></td>
<td><strong>Assess prevalence of common mental health problems (MDD) and symptoms, as well as prevalence of psychosocial risk factors related to mental disorders</strong></td>
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<td><strong>2.</strong></td>
<td><strong>Examine association with immigration status, health care access and contextual risk factors</strong></td>
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<td><strong>3.</strong></td>
<td><strong>Explore acceptability of screening for/discussing parental distress in the pediatric primary care setting</strong></td>
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<td><strong>4.</strong></td>
<td><strong>Explore acceptability (to parents) of a pediatric primary care based group discussion format in addressing both psychosocial risk factors and mental health symptoms in this population</strong></td>
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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)
- **English speaking** Not well (45.4%) and not at all (28.9%)
- **Undocumented status** (82.5%)
Survey Results

Prevalence of mental Problems

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
  - Not covered by any health: 40%
  - 60%
- Positive PHQ-8
  - Not having been seen by a health care provider in the past 12 mo: 44%
  - 56%
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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