

Use of Services by Immigrant Women with Symptoms of Postpartum Depression

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Key Messages

1. It is estimated that approximately 1,100 immigrant women in Peel may experience symptoms of postpartum depression annually. According to community partners, few of these women are accessing or using existing postpartum depression resources and services.
2. All ethnic groups have unique issues in accessing and using services. Understanding the experiences of immigrant mothers is integral to addressing barriers to care and planning programs and services.
3. Health, community and social services need to work together to build networks and provide comprehensive care. Both formal and informal referral pathways are needed to help immigrant mothers to access care.
4. Programs that help mothers to form social connections may increase a woman's sense of control and self-esteem and help them to build supports within their community. Including families in service may be important for some women.
5. Service providers must be skilled in delivering culturally appropriate care including using professional interpreters, translating materials and spreading information through diverse multi-cultural channels and media.

Executive Summary

Issue and Purpose of Rapid Review

Currently, postpartum mood disorder (PMD) services are underused by Peel's immigrant population. Community partners have asked for recommendations to improve the access and use of PMD services. The purpose of this rapid review is to determine strategies that help immigrant women overcome barriers to services.

Research Question

How can we improve the use of health, community, and social services for immigrant women with symptoms of postpartum depression (PPD)?

Literature Search and Critical Appraisal

The literature search was conducted in January 2014 for databases from 2003-present. Medical and psychological databases were searched. Grey literature was also searched. The review is based on one, high-quality guideline on immigrant health and two, good-quality book chapters of synthesized literature.

Synthesis of Findings

The literature identified barriers and strategies to address immigrant mental health. Barriers included: a lack of knowledge around postpartum depression, treatment options and supports; concerns that mental illness burdens or stigmatizes families; and fears regarding mental illness.

Interventions are grouped into six strategic areas: delivering culturally appropriate care, addressing life context, addressing determinants of health, creating supportive environments, building partnerships, and addressing policy. The

interventions in each of these areas identify ways in which service providers can break down barriers and provide culturally relevant and appropriate services. It is important to consider the unique issues faced by immigrant women and address their needs when developing policy and services. Helping women to navigate programs and services and to rebuild social networks is essential in creating support. Community agencies need to collaborate and build partnerships to provide service and facilitate outreach and referrals. Generating and advocating for policies and organizational changes that address discrimination and the determinants of health is necessary to providing comprehensive care.

Recommendations

The members of the Peel Postpartum Mood Disorder Reference Group and staff from PPH met to discuss the applicability and transferability of the findings of this review. The recommendations are:

1. Involve immigrant mothers in developing policies, programs and services.
2. Create and implement referral pathways between health, social and community services.
3. Collaborate with community partners to create opportunities for women to establish connections and build social networks in supportive environments.
4. Ensure culturally appropriate care that includes:
 - a. Service providers who are skilled in using interpreters and in culturally sensitive interviewing and assessment.
 - b. Materials offered in English and multiple languages.
 - c. Information and advertising that is disseminated using multi-cultural channels/media.

1 Issue

Recommendations from the five year evaluation of the Peel Postpartum Mood Disorder (PPMD) Program identified outreach to immigrant women as a gap. Members of the PPMD Steering Committee noted that postpartum mood disorder (PMD) services are underused by Peel’s immigrant population. Community partners asked for recommendations to help Peel’s diverse population access and use PMD services more easily. The question for this rapid review is “How can we improve the use of health, community, and social services for immigrant women with symptoms of postpartum depression (PPD)?”

Anecdote

A recent immigrant with a new baby visited an Ontario Early Years Centre in Peel. Staff noted she was showing some signs of PPD and suggested she participate in the ‘Adjusting to Life after Baby’ Support Group. She attended once but never returned. Staff were unsuccessful with follow-up by telephone and were concerned that she may not have received appropriate support.

2 Context

The healthy-immigrant effect does not seem to apply to postpartum depression (1). Four, high-quality Canadian studies suggest that immigrant women are twice as likely to develop PPD symptoms as Canadian-born women (1-4). The stress of immigration, the lack of social support, the challenge of parenting in a new country, and low socio-economic status are risk factors associated with PPD in immigrant women (1-5).

Local prevalence rates of PPD are unavailable. Most women are not hospitalized and there are no specific codes for PPD. But, according to a 2012 Peel Public Health (PPH) report (6), 10% of 790 women surveyed at 6 months postpartum reported depressive symptoms. This is in line with a 2011 Canadian estimate of 10-20% (2). In Peel, immigrant women who have lived in Canada for 6-10 years and those of South Asian and East Asian ethnic origin were more likely to report depressive symptoms than Canadian-born women. With a projection of close to 16,500 births in Peel for 2014, approximately 11,000 births (2/3) will be to immigrant women (6). Using a conservative estimate of 10%, approximately 1,100 immigrant women in Peel may experience symptoms of PPD in 2014.

The PPMD Program is an initiative of Success by 6 Peel, a collaborative of more than 40 community partners whose goal is to strengthen services for young children and their families. Since starting in 2007, the PPMD Program has been coordinated by a PMD Specialist at PPH. A Steering Committee drives the program with representatives from community agencies, including local hospitals, children's mental health agencies, early intervention programs, and early learning and parenting centres.

3 Conceptual Model

The diagram found in Appendix A illustrates individual and service factors that are believed to influence women's use of PPD services. These factors were identified through consultation with the PPMD reference group. The reference group includes members of the PPMD Steering Committee and Family Health divisional staff (Appendix

B). Evidence from the literature review confirmed several of the factors as relevant to the use of services. These factors are highlighted in the diagram.

4 Literature Review Question

The research question is:

How can we improve the use of health, community, and social services for immigrant women with symptoms of postpartum depression?

The PICO question is:

P (population) Immigrant women with symptoms of postpartum depression

I (intervention) Strategies to increase use of services

C (comparison) No comparison

O (outcome) Use of health, community, and social services

5 Literature Search

All databases were searched on January 13, 2014 with a date range from 2003 to present. The databases used in the search were Global Health, Ovid Medline, PubMed, CINAHL, and PsycINFO. The search was limited to papers published in English and type of paper (guidelines, systematic reviews, and meta-analyses). A search of the grey literature was initiated on November 6, 2013. The websites searched included National Institute for Health and Clinical Excellence (NICE), Center for Disease Control and Prevention (CDC), Theses Canada, World Health Organization, Campbell Collaboration, Canadian Women's Health Network, Trip Database, Google, Google Scholar, and Duck Duck Go. A search for published literature in Health Evidence was

also conducted on November 6, 2013. The Peel Public Health PMD Resources were hand searched. Details of the search strategies are outlined in Appendix C.

6 Relevance Assessment

Two of the reviewers independently screened titles and abstracts to determine eligibility for full text review. Disagreements were resolved through discussion.

The inclusion criteria were:

- Practice guidelines, systematic reviews, meta-analyses or grey literature
- Immigrant, emigrant, migrant, and/or refugee
- Mental health or depression
- Organization for Economic Co-operation and Development (OECD) countries
- English language
- Published in the last 10 years

The exclusion criterion was:

- Non-mental-health focus

7 Search Results

The search yielded 411 articles, including 15 duplicates. Based on title and abstract review, 381 were excluded and 15 were retrieved for full text review. Following the full-text review, eight articles were deemed relevant and retrieved for quality assessment: five systematic reviews, two book chapters and one guideline. Search results are found in Appendix D.

8 Critical Appraisals

Two independent reviewers critically appraised the papers and disagreements were resolved through discussion. The five systematic reviews were appraised using the Quality Assessment Tool-Review Articles from Health Evidence; the two chapters using the Critical Appraisal of Textbooks and Textbook Chapters adapted by Peel Public Health; and the one guideline using AGREE II. The two chapters and the guideline received a strong rating and were included. Four systematic reviews were rated as weak and excluded. One systematic review, rated as moderate, was referenced in the guideline.

9 Descriptions of Included Studies

One guideline and two chapters from the book: *Working with Immigrant Women: Issues and Strategies for Mental Health Professionals* (Guruge & Collins, 2008) were included in this review.

Guideline:

Kirmayer et al. Common mental health problems in immigrants and refugees: general approach in primary care. In: Canadian Guidelines for Immigrant Health (7).

The guideline was developed by the Canadian Collaboration for Immigrant and Refugee Health following the criteria used in the Appraisal of Guidelines for Research and Evaluation (AGREE) instrument. The guideline topic was selected through an extensive review of literature and stakeholder engagement. A 14-step model (Table 1)

guided the search strategy, quality appraisal, integration of data, synthesis and subsequent recommendations. This approach ensured rigor and applicability of findings.

Table 1: 14-step Model for Developing Guideline

1. Develop clinician summary table
2. Develop logic model and key questions
3. Set the stage for admissible evidence (using search strategy)
4. Assess eligibility of systematic reviews
5. Search for data specific to immigrant and refugee populations
6. Refocus on key clinical preventive actions and key questions
7. Assess quality of systematic reviews
8. Search for evidence to update selected systematic reviews
9. Assess eligibility of new studies
10. Integrate data from updated research
11. Synthesize final evidence bank and draft two key clinical actions
12. Develop table for summary of findings
13. Identify gaps in the evidence and needs for future research
14. Develop clinical preventive recommendations using GRADE (Grading of Recommendations, Assessment, Development and Evaluation)

Extracted from: Canadian Collaboration for Immigrant and Refugee Health, 2011

The guideline reviews 113 articles (five meta-analyses, ten systematic reviews and 98 primary studies) regarding the effect of immigration on mental health, use of health care, and barriers to care. Barriers to care were identified for the following subgroups:

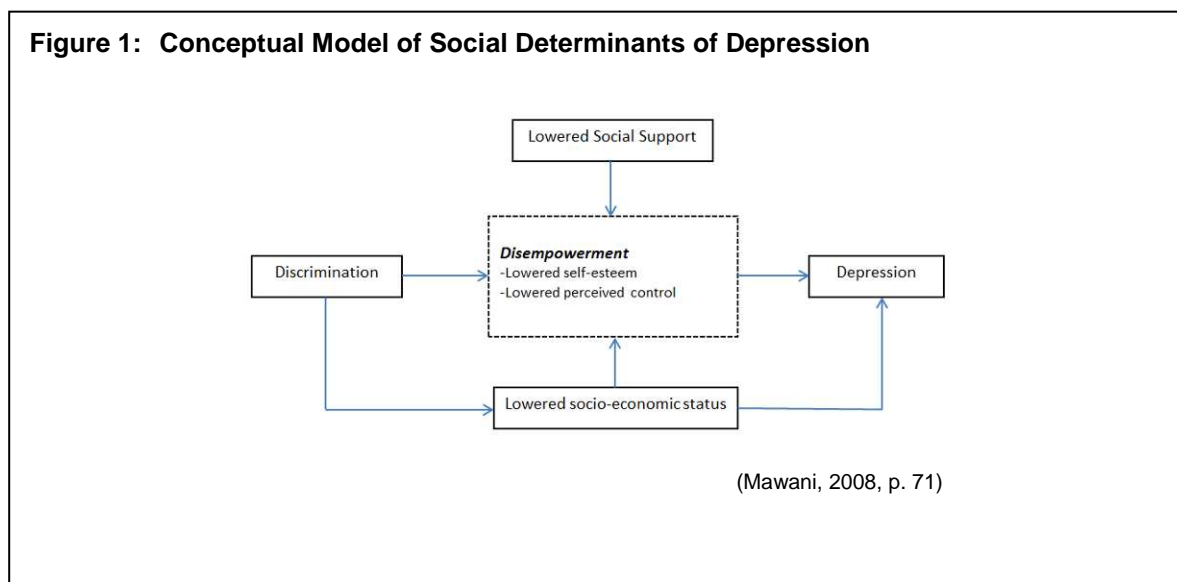
- immigrant and refugee adults
- seniors
- children and adolescents
- women experiencing postpartum depression

However, clinical strategies addressed all of the sub-groups together. The guideline outlines clinical strategies for primary care practitioners to use in their approach to common mental health problems among new immigrants and refugees.

Book Chapters:

Mawani, F. Social determinants of depression among immigrant and refugee women. (8).

Mawani applies a population health approach¹ to the study of depression among immigrant and refugee women. She proposes a conceptual model (Figure 1) based on research findings of the social determinants of depression in which discrimination, low socio-economic status and low social support are shown to impact depression. Mawani suggests that disempowerment, a combination of an individual's perceived control and self-esteem, mediates the association between the chronic stressors and depression.



Evidence-based recommendations which aim to address the determinants of depression, prevent depression, shorten episode duration, and prevent recurrence of depression are discussed. Mawani provides broader, overarching strategies to support the population health approach and more specific recommendations to address the

¹ An approach that aims to improve the health of the entire population and reduce inequities between groups.

social determinants of health and depression, which she refers to as the ‘Pathways to Depression’ (Table 2). Case study examples illustrate the application of each strategy.

Table 2: Strategies identified by Mawani (2008)

Overarching strategies:	Strategies to address Pathways to Depression:
1. Partnerships and collaboration 2. Outreach 3. Dialogue	1. Screening 2. Empowering 3. Addressing discrimination 4. Addressing socio-economic status 5. Addressing social support

Seventy-eight references (journal articles, textbooks, and health reports) were used to inform the theoretical framework and conceptual model, and to provide context and interpretation. We did not independently appraise references for quality.

Ardiles, P., Dennis, C-L., & Ross, L. Postpartum depression among immigrant women. (9).

The authors review current literature regarding PPD in immigrant women and provide recommendations for practice. The authors apply a health promotion framework in combination with broader social determinants of health. The framework was developed by the Canadian Mental Health Association (CMHA) and emphasizes psychosocial risk and protective factors associated with mental health issues. The authors state that this framework:

...allows the examination of factors such as acculturation, discrimination, the role of the extended family, and rituals and traditions, which may play an important part in determining maternal mental health in immigrant women. (9, p. 301).

Strategies and recommendations are based on mental health promotion principles, which enhance the capacity of individuals and communities to improve mental health and build resilience and supportive environments. The authors advise that the context in

which immigrant mothers live and the unique circumstances that contribute to postpartum health are vital components that must be considered when developing effective strategies, interventions and programs. Strategies for working with immigrant women are outlined in 6 areas:

1. Delivering culturally appropriate care
2. Addressing language barriers
3. Creating supportive environments
4. Addressing life context and determinants of health
5. Building partnerships within the organization and beyond
6. Using multiple approaches and levels.

Seventy-seven references (journal articles, manuals, workshops) were used to provide context and interpretation. We did not independently appraise references for quality.

Data extraction tables for the guideline and two book chapters are found in Appendix E.

10 Synthesis of Findings

The included studies described strategies to address immigrant mental health and barriers to accessing care.

A. Strategies to Address Immigrant Mental Health:

Strategies and interventions identified in the included studies were similar. Specific interventions have been linked to overall strategies and grouped into 6 strategic areas² in Table 3 below.

² Adapted from Ardiles et al, 2008 (7)

Table 3: Data Synthesis: Recommended Strategies and Interventions for Increasing Use of Services

Strategies	Relevant Interventions
1) Deliver culturally appropriate care	<ul style="list-style-type: none"> a) Train service providers to deliver culturally competent care. b) Design culturally appropriate services. <ul style="list-style-type: none"> ▪ Integrate culturally relevant policies and practices into planning and service delivery ▪ Incorporate concerns and issues faced by immigrant mothers into services c) Address Language Barriers. <ul style="list-style-type: none"> ▪ Use professional interpreters and culture brokers ▪ Translate materials into multiple languages and spread through diverse channels and media
2) Address life context	<ul style="list-style-type: none"> a) Provide immigrant mothers the opportunity to tell their stories and share information on what strategies work for them in their context. b) Be aware of potential cultural impact on gender role expectations, family and social supports. c) Do not assume that the client will necessarily feel comfortable with services/health professionals or groups that share the same language, cultural or religious or ethnic identity. d) Consider the role of family members when working with immigrant women. Ensure privacy and confidentiality as appropriate (e.g. screening). Involve family members in discussions of treatment alternatives, as appropriate.
3) Address Determinants of Health	<ul style="list-style-type: none"> a) Assess factors such as socio-economic status, social support, child care, transportation, experience of discrimination and allow women to share their feelings associated with these. b) Provide support to women to address needs related to these factors. c) Refer women to services that will help to: meet basic needs; attend skills training programs; obtain recognition of foreign credentials.
4) Create Supportive Environments	<ul style="list-style-type: none"> a) Assist new immigrants to navigate health and social services. b) Help new immigrants to establish connections and rebuild social networks (e.g. parent groups, community kitchens, sewing groups). c) Involve family members or friends to build supports. d) Offer both individual and group services to increase sense of control and self-esteem.
5) Build Partnerships	<ul style="list-style-type: none"> a) Work collaboratively with other agencies (including employment, housing, ethno-cultural, settlement services, researchers, Legal Aid and the Ontario Human Rights Commission). b) Build networks and create referral pathway, including formal and informal referral arrangements. c) Work in multi-disciplinary teams in own agency.
6) Address Policy	<ul style="list-style-type: none"> a) Provide comprehensive care using multiple approaches (i.e. education, policy change, community development, collaboration) at multiple levels (i.e. individual, family, community, organizational, societal). b) Generate and advocate for policy that supports postpartum immigrant mothers. c) Involve immigrant mothers in developing and evaluating programs and services. d) Work to increase understanding of community's needs around postpartum issues.

1. Deliver Culturally Appropriate Care

It is important to integrate cultural competency policies and practices into planning and providing service (9). This includes implementing cultural competency education and training, and incorporating the concerns and issues faced by immigrant mothers into service provision (7, 9). Language barriers also need to be considered. Service

providers must be skilled in using trained and certified cultural interpreters and culture brokers to increase communication and to decrease disparities (7-9). Providing information about maternal and child mental health in multiple languages and through diverse channels (e.g. pamphlets and videos) may increase reach to immigrant families (8). An example of culturally appropriate postpartum care is offered at St Joseph's Maternal Support Program in Toronto. Details of their services are outlined in Appendix F.

2. Address Life Context

Because immigrants have diverse backgrounds and experiences, clients need an opportunity to tell their story and share information about the strategies that work for them and their circumstances (7). Immigration experiences, gender role expectations, family structure and social support may vary for individuals and may influence their use of services (7-9). For example, for some women, it may be appropriate to meet with family members prior to offering services in order to build trust with the mother and her family (7). Service providers should not assume clients will feel comfortable with services and health professionals or groups that share the same language, cultural, religious, or ethnic identity; for some, this may increase stigmatization and isolation (7, 9).

3. Address Determinants of Health

Factors such as discrimination, lowered socio-economic status, lack of social support, child care, transportation, housing and food insecurity may affect new

immigrant mothers' mental health, as well as their ability to participate in services (8, 9). Service providers should address the determinants of health in conjunction with supporting immigrant mothers with symptoms of PPD. This may include referrals to other agencies that can help them to meet basic needs, attend skills training or obtain recognition of foreign credentials.

4. Create Supportive Environments

Immigrant mothers may need help to establish connections with other members of the community, as well as to navigate programs and services (9). Programs that help to rebuild social networks (community kitchens, parent groups, and sewing groups) may provide valuable connections and may be less stigmatizing than attending a support group (8). Offering both individual and group supports may help women to increase their feeling of control and self-esteem. Including family members or trusted friends in services can help to build support for some women (7).

5. Build Partnerships with Community Agencies

Service providers working together to address issues affecting mental health increases the effectiveness of the services they provide (9). Service providers need to build partnerships with agencies that address the needs of immigrant women (employment, health care, and housing) (9). Partnering with ethno-cultural groups and settlement services can be an important way to facilitate outreach to immigrant women (7, 8). By building networks, service providers are more aware of services and both formal and informal referral pathways can be established (7, 8).

6. Address Policy

Multiple approaches (education, policy change, community development) at multiple levels (individual, family, community) are necessary to providing comprehensive care (8). Service providers need to work toward generating and advocating for policies and organizational changes that address discrimination and determinants of health (8). Involving immigrant women in advisory panels may help to inform policy, programs and services (8).

More details regarding the interventions addressed in each strategic area are outlined in the Data Extraction Tables in Appendix E.

B. Barriers to Care:

Barriers for immigrant women accessing care were identified in the guideline and by Mawani (7, 8):

1. Lack of knowledge regarding PPD and treatment options
2. Reluctance to disclose emotional problems outside the family
3. Concerns that maternal mental illness will burden or stigmatize the family
4. Feelings of shame at being labelled mentally ill
5. Fear of losing child to authorities
6. Unwillingness to use medical treatment for a psycho-social problem
7. Lack of awareness of, and discomfort asking for, formal support.

11 Applicability and Transferability

Members of the PPMD Reference Group and Peel Public Health staff (Appendix B) met on August 7, 2014 for a facilitated discussion regarding the applicability (feasibility) and transferability (generalizability) of the findings of the rapid review. Four members of the PPMD Reference Group (two Public Health Nurses from the Family Health Division and two representatives from Trillium Health Partners) who were unable to attend this meeting provided their feedback via email.

Applicability

Political Acceptability or Leverage

Enhancing access to services for immigrant women with symptoms of PPD will increase the profile of the agencies involved. There is provincial and regional government support for immigrant mothers. PPH, the local hospitals and early childhood agencies receive funding from three provincial ministries: Health & Long-Term Care, Education and Children & Youth. All three ministries have mental health strategies. The Central West LHIN funds a narcotics strategy which supports pregnant and parenting women who are misusing opioids, which may include women with PPD.

Social Acceptability

Peel's largest ethnic immigrant groups are South Asian, East Asian, Caribbean, and African (10). All have unique issues in accessing and using services. It is important to include women and their families in planning services and to tailor services by responding to individual needs and respecting family culture.

Stigma associated with PPD needs to be reduced. Education and services need to be provided via non-threatening routes. For example, a local hospital, an early child development agency and child protection services could jointly provide information sessions in settings where new immigrant women and families congregate (e.g. at shopping centres or local ethnic specific centres, such as Punjabi Community Health Services. PPD programs may be provided within other services such as a community kitchen.

All mothers with PPD need to be able to access services. Physicians are key in the diagnosis and treatment of PPD, including referrals for services, as required. Physicians need information regarding the increased risk for PPD among immigrant women and available support services.

Available Essential Resources

Basic cultural sensitivity training is available for staff in most of the Peel agencies. Opportunities to learn from women's stories would enhance understanding of individual cultural needs and would augment training.

Some Peel programs have capacity to serve increased numbers of clients (i.e. Ontario Early Years Centres). Brampton Civic Hospital (BCH) has one staff member who feels that more resources would be provided if the client load increased substantially. BCH is working towards increasing resources for outpatient services, as PPD symptoms rarely present prior to hospital discharge, typically at 24 hours after birth. It is important to monitor wait times for all services to decrease the risk of losing clients due to increased wait times.

Organizational Expertise and Capacity

The recommendations support two of PPH's strategic priorities, "Serving an Ethnically Diverse Population" and "Nurturing the Next Generation." Similar priorities have been identified in the agencies represented on the PPMD Reference Group.

Informal pathways exist between community agencies. It is important to map existing referral pathways, as well as to develop pathways with agencies who address basic needs, such as Ontario Works and Settlement Services.

Transferability

The guideline and the book chapters used in the review are Canadian based and can be applied to our local target population. Despite Peel's high crude birth rate and high percentage of immigrants in the Greater Toronto Area (10, 11), immigrant women are often not accessing services. The recommended interventions could be used to target immigrant women and may also be used by other programs that serve immigrant clientele.

12 Recommendations

1. Involve immigrant mothers in developing policies, programs and services.
2. Create and implement referral pathways between health, social and community services.
3. Collaborate with community partners to create opportunities for women to establish connections and build social networks in supportive environments.
4. Ensure culturally appropriate care that includes:
 - a. Service providers who are skilled in using interpreters and in culturally sensitive interviewing and assessment.
 - b. Materials offered in English and multiple languages.
 - c. Information and advertising that is disseminated using multi-cultural channels/media.

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- (11) Region of Peel Public Health. Born in Peel: Examining Maternal and Infant Health in Peel. 2011.

Appendices

Appendix A: Factors Influencing Use of Services

Appendix B: Steering Committee/Reference Group Members

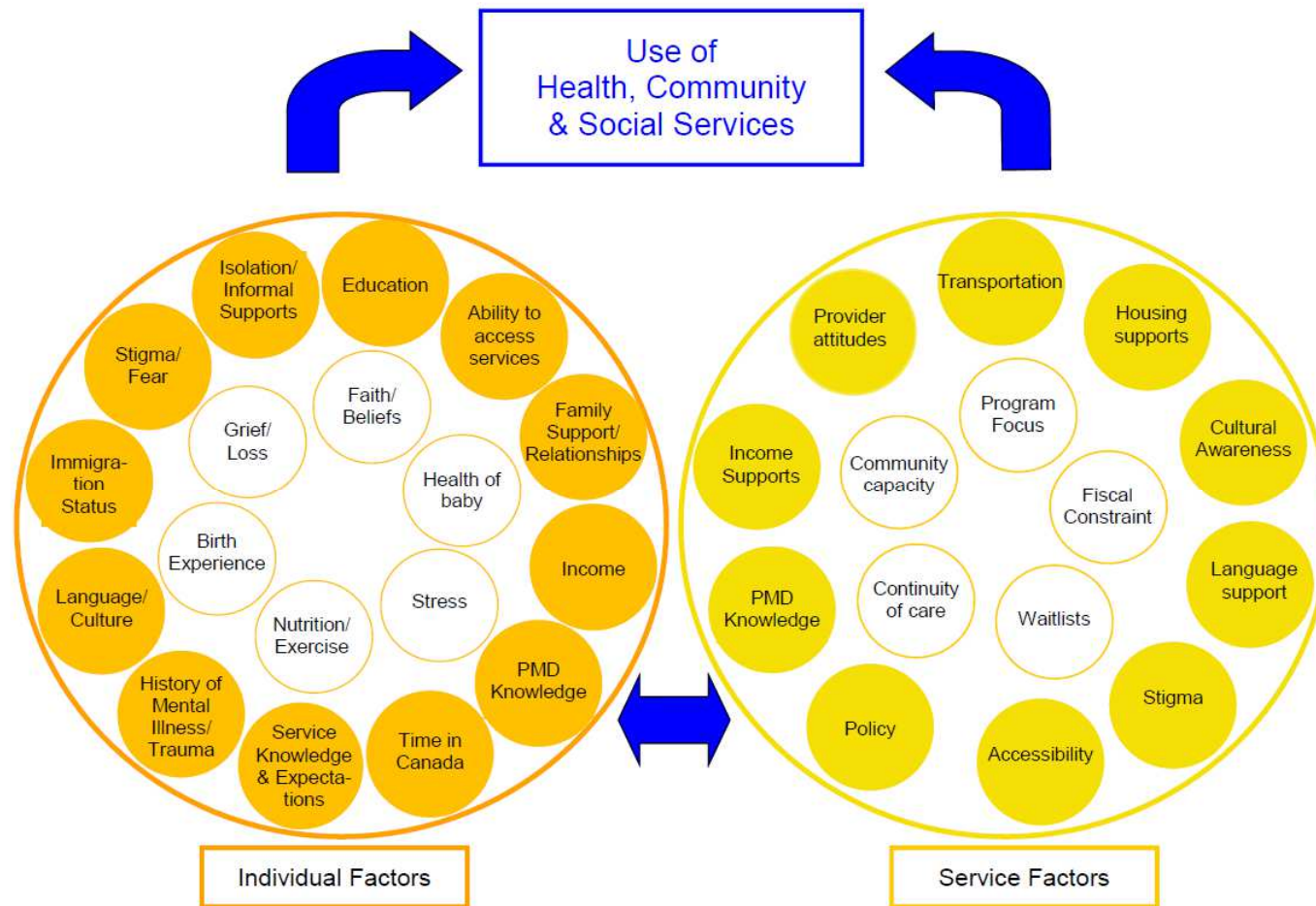
Appendix C: Search Strategy

Appendix D: Literature Search Flowchart

Appendix E: Data Extraction Tables

Appendix F: St Joseph's Maternal Support Program

Appendix A: Factors Influencing Use of Services



All factors were identified in consultation with the PPMD Reference Group. Factors confirmed through literature are identified in the highlighted circles: ●●

Appendix B:

Steering Committee(S)/Reference Group(R)Members:

Role	Agency/Division
Supervisor, Infant Wellness Program (S/R)	Peel Children's Aid Society
Child & Family Therapist (S/R)	Peel Children's Centre
Executive Director (S/R)	Caledon Parent-Child Centre
Maternal Child Health Promotion Registered Nurse (S/R)^	Women's Reproductive Mental Health Program, Trillium Health Partners
Language Lines Manager (S/R)	Spectra Community Support Services
Manager (S/R)*	Mississauga Parent Child Resource Centres
Women's Mental Health Lead (S/R)*	Short Term Intervention Clinic, Brampton Civic Hospital
Social Worker (S/R)	Women's and Children's Health Care, Brampton Civic Hospital
Executive Director (S/R)	Vita Centre
Psychometrist (S/R)	Infant and Child Development Services Peel
Public Health Nurses (R)	Family Health Programs: Healthy Babies Healthy Children*, Breastfeeding*, Child Health^, Reproductive Health^
Family Visitor (R)	Healthy Babies Healthy Children, Family Health

Applicability & Transferability Participants (including * above):

Role	Division/Agency
Manager	Child Health, Family Health
Manager	Healthy Sexuality
Public Health Nurse	Chronic Disease and Injury Prevention, Families First
Supervisor	Epidemiology
Manager ^	Women's Reproductive Mental Health Program, Trillium Health Partners

^ submitted A&T feedback via email

Appendix C: Search Strategy

Search: Database: Global Health <1973 to 2014 Week 01>, Ovid MEDLINE(R) <1946 to January Week 1 2014>, Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations <January 13, 2014>, PsycINFO <2002 to January Week 1 2014>

Search Strategy:

-
- 1 (immigrant or immigrants).hw. (9235)
 - 2 exp "emigrants and immigrants"/ (5210)
 - 3 (immigrant* or newcomer* or refugee* or cultur* or migrant*).ti,ab. (1153886)
 - 4 women.tw. (931911)
 - 5 female*.tw. (817864)
 - 6 4 or 5 (1625678)
 - 7 meta-analysis.mp,pt. (91738)
 - 8 review*.ti,ab. (1599663)
 - 9 cochrane database of systematic reviews.jn. (9693)
 - 10 guideline.ti. (8445)
 - 11 7 or 8 or 9 or 10 (1655365)
 - 12 1 or 2 or 3 (1155920)
 - 13 6 and 12 (82110)
 - 14 11 and 13 (6975)
 - 15 exp health services/ (1560372)
 - 16 exp mental health programs/ (3498)
 - 17 exp community mental health services/ (18786)
 - 18 health service*.ti. (28879)
 - 19 15 or 16 or 17 or 18 (1579878)
 - 20 14 and 19 (744)
 - 21 remove duplicates from 20 (720)
 - 22 limit 21 to english language (695)
 - 23 limit 22 to yr="2009 -Current" (239)

Search: Database: Global Health <1973 to 2014 Week 01>, Ovid MEDLINE(R) <1946 to January Week 1 2014>, Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations <January 13, 2014>, PsycINFO <2002 to January Week 1 2014>

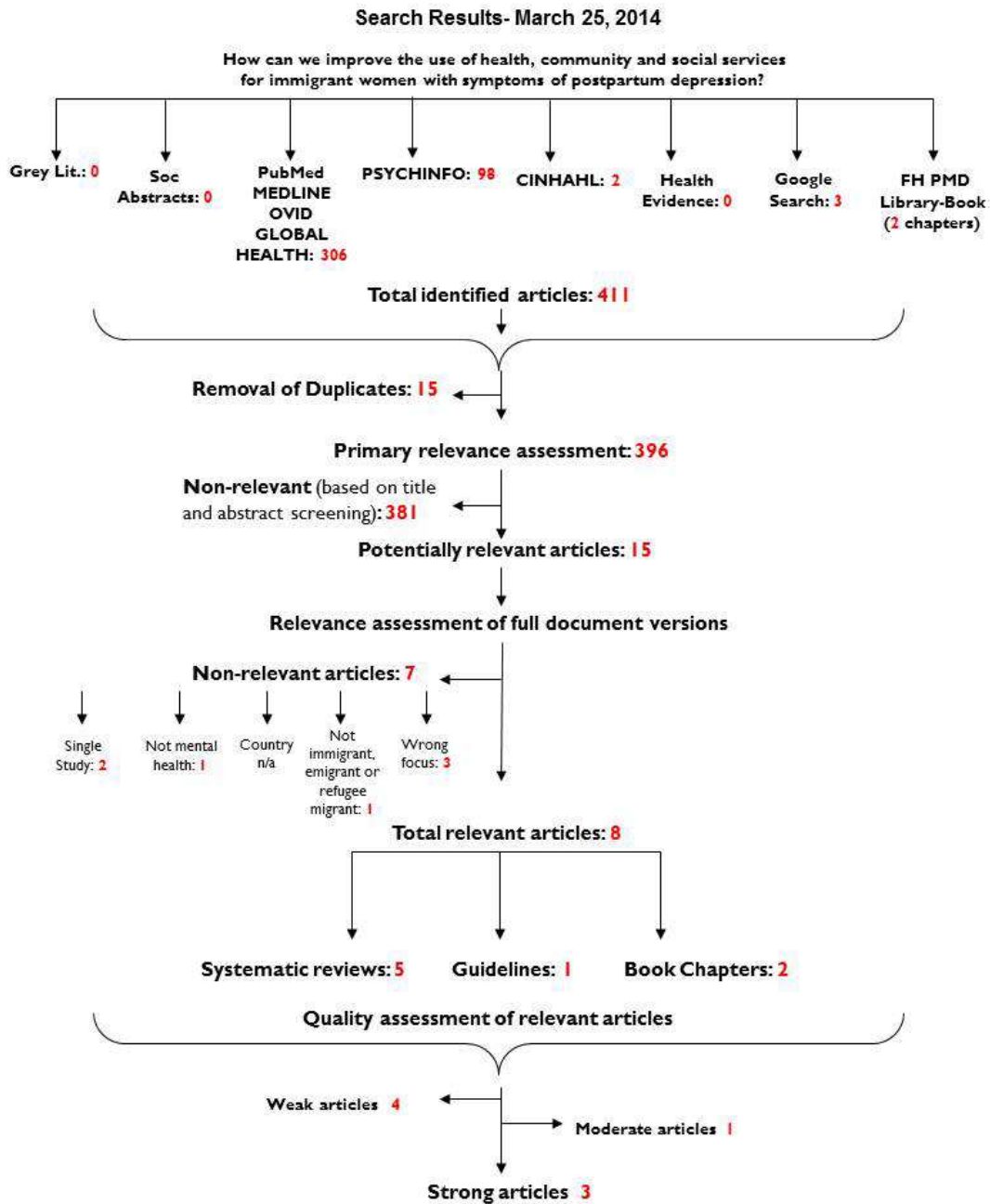
Search Strategy:

-
- 1 exp depression/ (87408)
 - 2 depression.ti. (98568)
 - 3 (immigrant or immigrants).hw. (9235)
 - 4 exp "emigrants and immigrants"/ (5210)
 - 5 (immigrant* or newcomer* or refugee* or cultur* or migrant*).ti,ab. (1153886)
 - 6 1 or 2 (159047)
 - 7 3 or 4 or 5 (1155920)
 - 8 6 and 7 (4642)
 - 9 women.tw. (931911)
 - 10 female*.tw. (817864)
 - 11 9 or 10 (1625678)
 - 12 8 and 11 (1398)
 - 13 meta-analysis.mp,pt. (91738)
 - 14 review*.ti,ab. (1599663)
 - 15 cochrane database of systematic reviews.jn. (9693)
 - 16 guideline.ti. (8445)
 - 17 13 or 14 or 15 or 16 (1655365)
 - 18 12 and 17 (121)
 - 19 8 and 17 (427)
 - 20 remove duplicates from 19 (345)
 - 21 limit 20 to yr="2008 -Current" (176)
 - 22 limit 21 to english language (165)

Grey Literature Search (November 6, 2013):

National Institute for Clinical Excellence (NICE), Centre for Disease Control and Prevention (CDC), Theses Canada, World Health Organization, Campbell Corporation, Canadian Women's Health Network, Trip database, Google, Google Scholar, Duck Duck Go

Appendix D: Literature Search Flowchart



Appendix E: Data Extraction Tables

Appendix D: Data Extraction: Kirmayer (2011)

Items Reviewed	Guideline
General Information & Quality Rating	
Author(s) and Date	Kirmayer et al (2011).Canadian Guidelines for Immigrant Health. Common mental health problems in immigrants and refugees: general approach in primary care
Country	Canada
Quality Rating	AGREE II tool used: overall rating 7/7, guideline recommended for use
Objectives of Guideline	To determine associated risks and clinical considerations for primary care practitioners in the approach to common mental health problems among new immigrants and refugees; the effect of migration on mental health; use of health care; and barriers to care.
Target Audience	Primary care practitioners
Details of Guideline	
Guideline Development	<ul style="list-style-type: none"> • Developed by the Canadian Collaboration for Immigrant and Refugee Health following criteria used in the Appraisal of Guidelines for Research and Evaluation AGREE instrument to guide the overall development process • A panel of experts and a guideline committee set the scope and purpose of the guideline • Stakeholders were engaged to select priority conditions and merge recommendations • To ensure rigour and applicability, the Canadian Collaboration for Immigration and Refugee Health developed a 14-step model: <ol style="list-style-type: none"> 1. Develop clinician summary table 2. Develop logic model and key questions 3. Set the stage for admissible evidence (using search strategy) 4. Assess eligibility of systematic reviews 5. Search for data specific to immigrant and refugee populations 6. Refocus on key clinical preventive actions and key questions 7. Assess quality of systematic reviews 8. Search for evidence to update selected systematic reviews 9. Assess eligibility of new studies 10. Integrate data from updated research 11. Synthesize final evidence bank and draft two key clinical actions 12. Develop table for summary of findings 13. Identify gaps in the evidence and needs for future research 14. Develop clinical preventive recommendations using GRADE (Grading of Recommendations, Assessment, Development and Evaluation)
Primary Studies Included	113 articles: 5 meta-analyses, 10 systematic reviews and 98 primary studies
Search Period	January 1998-December 2009
Databases searched	<ul style="list-style-type: none"> • 7 databases: MEDLINE, HealthSTAR (OVID), EMBASE, PsycINFO, CINAHL, Cochrane Database of Systematic Reviews. • 5 websites hand searched: National Guideline Clearinghouse, Public Health Agency of Canada, United States Preventive Services Task Force, Canadian Task Force on Preventive Health Care, and the World Health Organization

Inclusion/Exclusion Criteria	<ul style="list-style-type: none"> • Inclusion Criteria: English language; systematic reviews and guidelines that address clinical considerations for assessment, treatment, and prevention of common mental health disorders among immigrants and refugees in primary care • No exclusion criteria
Relevant Findings	
Description of barriers	<ul style="list-style-type: none"> • Lack of knowledge of PPD and treatment options • Reluctance to disclose emotional problems outside of the family • Unwillingness to undertake medical treatment for what is perceived as a psycho-social problem • Concern that maternal mental illness will burden or stigmatize the family • Feelings of shame of being labelled mentally ill • Fear of losing one's children to authorities
Clinical strategies	<ul style="list-style-type: none"> • The same methods that are effective for the general population can be used for immigrants, but need to focus more on client-service provider communication and intercultural understanding • Use professional interpreters and culture brokers (translators of cultural concepts or frameworks) to increase communication and decrease disparities • Clinician training in cultural competence • If culturally relevant, meet with family, who accompany client, first, before meeting with client alone to build trust • If client is ambivalent toward treatment or non-adherence is an issue involve a key family member or trusted family ally in discussions of treatment alternatives • Consult with community agencies that provide services related to specific issues such as settlement and housing, and groups specific to various ethnic and religious backgrounds • Do not assume that the client will necessarily feel comfortable with a group that shares the same religious or ethnic identity, ask client before referring • Provide a personalized referral e.g. give a specific name at the agency or make the referral in front of the client to increase success of follow-through • Practitioners should have a list of community resources and ethno-cultural groups and develop networks
Comments	
Comments	<ul style="list-style-type: none"> • Prevalence and risk factors for depression in immigrants and refugees were identified • Barriers were identified for immigrant and refugee adults, , seniors, children, and adolescents and women experiencing postpartum depression • Clinical strategies addressed all the sub-groups

Appendix E: Data Extraction: Mawani (2008)

Items Reviewed	Book Chapter
General Information & Quality Rating for Book Chapter	
Author(s) and Date	Mawani, F. Social determinants of depression among immigrant and refugee women. Chapter 4. In Guruge, S. & Collins, E. (Eds). Working with immigrant women: Issues and strategies for mental health professionals. 2008. Centre for Addiction and Mental Health. Toronto, ON
Country	Canada
Quality Rating	Strong using Critical Appraisal of Textbooks, Textbook Chapters adapted by Peel Public Health (Olin Library Reference, Research & Learning Services, Cornell University). References were not critically appraised.
Objectives of Book Chapter	To inform the subsequent recommendations addressing: determinants of depression; prevention of depression, shortening episode duration, and prevention of recurrence of depression in immigrant and refugee women
Details of Book Chapter	
Theoretical framework	Applies a population health approach to the study of depression among immigrant and refugee women
Conceptual model	Proposed a conceptual model of the social determinants of depression: discrimination, decreased socio-economic status and decreased social support are shown to impact depression. Suggests that disempowerment, which is a combination of an individual's perceived control and self-esteem, mediates the association between the chronic stressors and depression.
Method	Evidence reviewed and summarized to develop recommendations. Provides overarching strategies to support population health approach and more specific recommendations to address social determinants: Pathways to Depression. Case study examples illustrate the application of each strategy.
Types and scope of references	<ul style="list-style-type: none"> • References are used to inform the theoretical framework and conceptual model and to provide context and interpretation • 78 references include: journal articles, textbooks, and health reports, ranging in date 1988 to 2006 • We did not independently appraise references for quality.
Relevant Findings	
Barriers	<ul style="list-style-type: none"> ▪ Lack of awareness of formal support ▪ Discomfort seeking formal support
Recommendations	<p>Overarching- Population Based Approaches:</p> <p>Partnership and Collaboration</p> <ul style="list-style-type: none"> • Use the knowledge and expertise of community-based settlement and ethno-specific agencies as an important resource and consultation base <p>Outreach</p> <ul style="list-style-type: none"> • Use community based agencies and settlement services (where immigrant and refugee women may meet other needs) as a resource for outreach to immigrant and refugee women. • Partner with settlement services • Develop formal and informal referral arrangements <p>Dialogue</p> <ul style="list-style-type: none"> • Given the heterogeneity of immigrants, it is critical to provide them the opportunity to tell their stories. Encourage clients to share information on what strategies would work for them in their context • Use a community advisory panel consisting of former clients and women currently living in your catchment area to inform programming

	<p>Strategies to address Pathways to Depression:</p> <p>Screening</p> <ul style="list-style-type: none"> • Incorporate client's socio-economic status, social support, and experience of discrimination when screening for depression <p>Empowerment</p> <ul style="list-style-type: none"> • Advocate for policy and systematic change to address discrimination (e.g. join coalitions that support non-status immigrants living in Canada) • Incorporate translation into service provision • Use professional interpreters for service provision • Give clients the opportunity to discuss their experiences of discrimination, low SES, and lack of social support along with their feelings associated with those experiences • Individual or group sessions can increase perceived locus of control and self esteem <p>Addressing discrimination:</p> <ul style="list-style-type: none"> • Hear and validate women's experiences with discrimination • Provide women with support in addressing discrimination • Partner with agencies such as the Ontario Human Rights Commission and Legal Aid to ensure clients are informed of their rights and their rights are upheld <p>Addressing socio-economic status:</p> <ul style="list-style-type: none"> • Support women to obtain recognition of their foreign credentials • Refer to skills training programs to upgrade skills and increase household income • Refer to services that provide basic needs such as food and clothing <p>Addressing social support:</p> <ul style="list-style-type: none"> • Provide programs that help rebuild social networks that may have been lost in the process of immigration e.g. parent groups, community kitchens, sewing groups
Comments	
Comments	<ul style="list-style-type: none"> • Strategies were identified for both prevention and treatment of depression in immigrant and refugee women • Immigrant and refugee women with postpartum depression were not identified specifically

Appendix E: Data Extraction: Ardiles et al (2008)

Items Reviewed	Book Chapter
General Information & Quality Rating for Book Chapter	
Author(s) and Date	Ardiles, P., Dennis, C-L., & Ross, L. Postpartum depression among immigrant women. Chapter 16. In Guruge, S. & Collins, E. (Eds). Working with immigrant women: Issues and strategies for mental health professionals. 2008. Centre for Addiction and Mental Health. Toronto, ON
Country	Canada
Quality Rating	Strong using Critical Appraisal of Textbooks, Textbook Chapters adapted by Peel Public Health (Olin Library Reference, Research & Learning Services, Cornell University). References were not critically appraised.
Objectives of Book Chapter	To provide a review of the current literature on postpartum depression among immigrant women, and to provide recommendations for practice based on the principles of mental health promotion
Details of Book Chapter	
Theoretical framework	Apply a health promotion framework that emphasizes psychosocial risk and protective factors associated with mental health issues, in combination with broader social determinants of health (Canadian Mental Health Association, 2000). Allows for the “examination of factors such as acculturation, discrimination, role of extended family and rituals and traditions which play a role in determining maternal mental health of immigrant women” (p 301)
Method	<ul style="list-style-type: none"> • Evidence was reviewed and summarized to define PPD, detection of PPD (screening), identify risk factors and protective factors of PPD in immigrant women • Strategies were formed based on mental health promotion principles aimed at delivering postpartum care to immigrant women • Context in which immigrant mothers live and the unique circumstances that contribute to postpartum health are vital components that must be considered when developing effective strategies, interventions and programs. • St. Joseph’s Maternal Support Program at St. Joseph’s Women’s Health Centre in Toronto, ON was described as a model of Culturally Appropriate Postpartum Care
Types and scope of references used	<ul style="list-style-type: none"> • References are used to provide context and interpretation • 77 references include: journal articles, manuals, and workshops ranging in date from 1983 to 2007 • We did not independently appraise references for quality.
Relevant Findings	
Recommendations	<p>Strategies for Working with Immigrant Women:</p> <p>Delivering Culturally Appropriate Care</p> <ul style="list-style-type: none"> • Provide a spectrum of integrated services addressing the needs of a culturally and socio-economically diverse population • Integrate cultural competency policies and practices into planning and service delivery • Plan and implement programs that incorporate the concerns and issues faced by immigrant mothers (e.g. lack of social support, change in socio-economic status, previous experiences) and address maternal preferences and promote evidence based practice • Service providers must be aware of the impact of their attitudes on immigrant mothers and the type of care they provide • Implement cultural competence education for service providers (e.g. Building Bridges: Mental Health Education Workshops for Immigrants and Refugees (Canadian Mental Health Association, 2000)³ <p>Addressing Language Barriers</p> <ul style="list-style-type: none"> • Use trained and certified cultural interpreters. • Service providers should be skilled in using trained and certified cultural interpreters

³ Canadian Mental Health Association. (2000). Building Bridges: Mental Health Education Workshops for Immigrants and Refugees. Toronto: CMHA. Toronto Branch

- Provide information about maternal child health, PPD, treatment in multiple languages and through diverse channels (pamphlets, brochures, videos)
- Creating Supportive Environments
- Help a new immigrant mother to establish connections with other members of her community, as well as navigating health care system
 - Health care professionals need to be aware of community based services for women and families and work to increase understanding of community's needs around postpartum issues
 - Provide several services: support groups for women who are isolated or lack understanding of family members, individual psychotherapy, couple therapy, telephone support, and peer support
 - Refer women to community and social services so that they can obtain resources and comprehensive care
 - Do not assume that the client will feel comfortable with services/health professionals that shares the same language or cultural identity- can lead to stigmatizations and isolation
- Addressing Life Context and Determinants of Health
- Take into account the context of the everyday lives of the mothers when implementing programs and policies
 - Social determinants (Mawani, 2008) affecting women's mental health should be considered when developing postpartum programs
 - Many of the strategies for working with women experiencing general depression can also be effective when working with postpartum mothers
 - Provide child care and transportation costs
 - Assess for PPD without family members present
 - Culture may influence the gender role expectations for some mothers- need to address with mother and family
 - Women and family members need information on the seriousness of PPD, preferably prior to birth
- Building Partnerships
- Collaborative work increases effectiveness of addressing complex issues affecting mental health
 - Work in multidisciplinary teams in your own agency and build partnerships with external agencies e.g. employment, health care, housing
 - Develop PPD education campaigns in partnership with ethno-cultural community agencies
 - Generate policies and make organizational change that creates healthy environments that support postpartum mothers e.g. postpartum hospital policies that allow for ethno-cultural specific rituals (dietary restrictions, rest and seclusion, hygiene)
- Using Multiple Approaches and Levels
- Provide comprehensive care using multiple approaches (i.e. education, policy change, community development, collaboration) at multiple levels (i.e. individual, family, community, organizational, societal)
 - Evaluate effectiveness and client satisfaction with existing programs
 - Plan and implement programs that address maternal preferences and promote evidence based practice
 - Health professionals work to increase understanding of community's needs around postpartum issues
 - Participate in research projects with academic institutions
 - Use media to increase knowledge about the complexities of postpartum depression and immigrant women

Appendix F: St Joseph's Maternal Support Program: A Model of Culturally Appropriate Care (St. Joseph's Women's Health Centre, Toronto)*

The St. Joseph's Maternal Support Program provides a spectrum of integrated services. It is led by a nurse and social worker and staff work collaboratively with professional interpreters, physicians, health units, community agencies to deliver services. The services were developed recognizing that clients share similar experiences in adapting to motherhood, although they may be from different cultural and socio-economic backgrounds.

The interventions and services are offered in diverse languages and include:

- Support groups offered to women dealing with social isolation or lack of understanding by family members
- Individual psychotherapy to address psychological issues that may affect disclosure in groups (trauma, resentment of infant)
- Couple therapy to address relational issues, communication problems, infant care, domestic tasks
- Telephone support if unable to travel to centre
- Peer support by women who have used services and have received training
- Free child care

*In Ardiles et al, 2008, p.309

