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FACTORS TO CONSIDER IN WORKING WITH DEPRESSED PREGNANT LATINA WOMEN: AS PERCEIVED BY SOCIAL WORKERS

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FACTORS TO CONSIDER IN WORKING WITH DEPRESSED
PREGNANT LATINA WOMEN: AS PERCEIVED
BY SOCIAL WORKERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Brenda Velasquez

June 2017

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ABSTRACT

A study in a multiethnic, urban population found that being of Hispanic ethnicity more than doubled the odds of depression during pregnancy. Given that Latinas make up such a significant and sizable population, mental health professionals must work towards learning to serve them more appropriately and effectively. The following research is of significance to intervention and treatment of depressed Latina women. The study was conducted utilizing a qualitative phenomenology method. Five social workers with past or current experience in working with the topic population were recruited and in-depth interviews were audio-recorded. Information gathered was broken into major themes and subthemes to be later discussed. The main themes identified were: low literacy rates, female roles in Latino culture, additional barriers to consider, acceptance of mental health services and effectiveness of treatment. Research conducted has significance for social work practice in micro settings with treatment and intervention for pregnant depressed Latina women as well as policy-making procedures for macro social work.

DEDICATION

Ama, Apa, este logro no es solo mío si no de ustedes también. Gracias por el apoyo incondicional que me han brindado durante tanto tiempo y por siempre creer en mis sueños. Reconozco que sin ustedes, esto no sería posible. Gracias por los tantos sacrificios que han hecho para yo poder salir adelante, nunca encontrare las palabras para agradecerles. Los quiero mucho.

To my siblings, Alex, Gina and Eddie. I hope lido seestar has made you proud. I couldn't have asked for better role models growing up. My niece and nephew, Eric and Emma. You'll never know how much of a positive impact your smiles and laughter have on me. You two are the light of my life.

To Mr. Kepler, you believed in me when I didn't believe in myself. You are the only reason I pursued higher education. The footprint you left on my path is bigger than you know. To my research advisor Dr. Barragán, thank you for sharing your wisdom, for being so patient and encouraging.

Arlene, my best friend and other half; I thank you for our countless bestieventures that kept me sane. Estephanie, thank you for years of friendship and the constant encouragement you provide me with. The both of you inspire me on so many different levels.

To this profession for changing my life and truly giving me a career that I can be both passionate and proud of.

...Si Se Pudo.

Brenda Velasquez

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CHAPTER ONE

INTRODUCTION

Problem Statement

Traditionally, pregnancy has been thought of as a period of well-being and happiness; the state of pregnancy itself has often been wrongfully conceptualized in the sense that it should serve as a means to protect women from depression. However, women of childbearing age frequently suffer from major depression and other related mental illnesses. Despite the prevalence of depression during pregnancy and the growing body of literature associated with its treatment, whether it is prescription or therapy, large numbers of women still go without receiving adequate treatment (Bonari, Pinto, Ahn, & Einarson, 2004). Recent studies show there is a significant under diagnosis and under treatment of depression and related mental illness during pregnancy, not just by women but also by their doctors.

Kieffer, Caldwell Welmerink, Welch, Sinco & Guzman (2013) conducted a study in a multiethnic, urban population and found that being of Hispanic ethnicity more than doubled the odds of depression during pregnancy. Given that Latinas make up such a significant and sizable population, mental health professionals must learn to serve them appropriately and effectively especially in vulnerable situations. Additionally, there was an acquired estimate of the prevalence of moderate to high levels of depressive symptoms among pregnant Latina women

resulting in generally between 30% and 40% during pregnancy. As Muñoz, Le, Ippen, Diaz, Urizar, Soto & Lieberman (2007) state, of over the 20 million Latinas in the United States approximately 10 million are in their childbearing years, the period in which rates of depression peak. Well over 50% of the babies born in California since the summer of 2001 are Latinos, making this population an important focus for public health. Factors such as low income, being of ethnic minority, or an immigrant woman contribute to greater barriers in accessing and being able to use mental health services. Some additional barriers that have been identified as particularly significant with Latina women are a lack of mental health insurance coverage and providers, traumatic life events, religious and cultural beliefs and practices, social and linguistic isolation, and fear of deportation. Drawing attention to this specific population is becoming increasingly important first, due to the prevalence of major depression in Latinos as briefly mentioned already, especially given the fact population of Latino children is increasing with each generation and with longer time spent by their parents in the United States (Muñoz et al., 2007).

Abrams, Dornig & Curran (2009) found that research has yet to adequately explore Latina mothers' help seeking strategies or barriers to formal service for symptoms of depression. There are a few studies suggesting that cultural and attitudinal factors impede mothers from seeking professional help, however, no studies have been conducted in the United States that have explored or attempted to further learn more about attitudinal barriers to seeking formal mental

health services. For example, in Latino gender roles, mothers are expected to care for all others, handle all household and family demands without support and be accepting of that. Researchers suggest that this, along with potential other factors, are what cause Latina mothers to feel less worthy of obtaining or pursuing formal help and attending their own needs. Abrams, Dornig & Currans' (2009) research also found that mothers who were further along in the process of dealing with their symptoms described that the knowledge they had gained created a shift in previously held negative beliefs regarding depression and other mental illnesses. Additionally, they stated that this newfound knowledge was empowering to them and found it beneficial in relation to recounting experiences to also potentially help other mothers undergoing similar situations, feelings and/or symptoms.

Overall efforts to improve treatment rates for perinatal depression are needed. As social workers, per the National Association of Social Workers, one of the core values we must uphold is that of importance of human relationships. There are many issues that are seen within the parent-child context of depressed women. Upon giving birth, depression in women has been associated with reduced attachment, reduced parent-child bonding, implications on the welfare of the family and delays in child's cognitive and emotional development (Edlin, 2009). Mothers report their inability to carry out maternal duties far more than their counterparts without depression and may suffer from problems in social function, emotional withdrawal, and excessive concern regarding their future

ability to parent (Rudnicki, Graham, Habboushe, & Ross, 2001). A mother's inability to form a healthy relationship with her child could result in negative strains on the mother to child relationship as well as within the family context as a whole. Due to factors associated with the symptoms in a depressed woman during pregnancy, their infants often display irritability, hostility, and erratic sleep, along with enhanced stress response. There is also the possibility of lower language achievements and long-term behavioral problems. In later life, these children demonstrate an increased risk of behavioral and emotional problems, including affective disorders and a significant association with criminality.

Additionally, we must also adhere to the importance of providing adequate services to vulnerable populations. In such given case, it is important to note the social support social workers can provide to women during this difficult time. It is due to the lack of support and negative life events that many women, especially those of minority, are susceptible to depression during pregnancy (Zayas, Cunningham, McKee, & Jankowski, 2002). Rudnicki, Graham, Habboushe, & Ross (2001) found a correlation in depressive moods in women of minority; women who were less satisfied with social support tended to utilize much more avoidant coping strategies, which in turn led to depressive symptoms. This further strengthens the belief that positive relationships may enhance feelings of well-being by helping women adapt to pregnancy-related changes more successfully.

Purpose of the Study

The purpose of this research study was to assess information told by social workers that have worked or currently work within a setting that serves depressed pregnant Latina women. The study aimed to gather information regarding this population's barriers to service, attitudes relating to acceptance of services, and an evaluation of the treatment itself to determine whether it was beneficial or what improvements are recommended to better promote mental health services to this population. The researcher recruited social workers from various settings in order to obtain diverse experiences and information as well as differentiating geographic locations. Goodman's (2009) research concluded that most women in his study, 69.4%, indicated that if they need help for depression during their pregnancy (or during postpartum), they were more willing to receive help at their regular clinic whether it is from their obstetric practitioner or from a mental health practitioner located at the clinic. Information collected by the participants was also utilized to compare different settings and whether or not mental health services are offered within the same clinic and how that corresponds to women being more willing to receive services. After all, findings in fact indicate that most depressed women want treatment, and of those who do, prefer some type of counseling over medication.

Given the prevalence, as social workers, further preventative measures need to be taken to ensure that antenatal depression is treated (Edlin, 2009). Part of being able to do so, is first examining why it is women have initial reluctance to

receive treatment as well as their accessibility to it. An important aspect to attitudes towards seeking treatment for mental health needs may be that it is not widely known or accepted within the Latino culture. In which case, developing a culturally appropriate depression prevention program that consists of cognitive behavior sessions for low-income Latina mothers becomes of great importance (Muñoz et al., 2007).

The overall research method that was used in this research study was a qualitative exploratory method. Being able to obtain social worker's thoughts and experiences was of great value and was able to provide much more rich and detailed information as opposed to a quantitative study perhaps would have. A qualitative research method in which participants were asked open-ended questions provided more information and ensured greater accuracy in responses as opposed to given a limited range of choices.

Significance of the Project for Social Work

One of the most obvious concerns regarding untreated depression during pregnancy is worsening of the condition itself, which may lead to suicidal ideation, tendencies or attempts. According to the National Depressive and Manic-Depressive Association consensus statement on the under treatment of depression, 15% of women who do not treat their depression during pregnancy attempt suicide and 50% to 62% continue to suffer from depression in the postpartum period. Between 14% and 23% of expectant moms experience

depressive symptoms, according to the American Psychiatric Association. Expectant mothers who don't get proper care for their depression are also more likely to experience cognitive distortions that affect their decision making abilities, more likely to have poor attendance at clinics, at risk for self-medicating (using drugs and alcohol), have a diminished appetite which leads to malnourishment, poor self-care and less likely to follow physician regime (Bonari, Pinto, Ahn, & Einarson, 2004). Untreated depression during pregnancy has also been associated with negative outcomes such as spontaneous abortion, bleeding during gestation, increased uterine artery resistance, low Apgar scores, admission to a neonatal care unit, neonatal growth retardation, spontaneous early labor, fetal death, low birth weight in babies, perinatal and birth complications (Zayas, Cunningham, McKee, & Jankowski, 2002).

The findings from this study regarding depression in pregnant Latina women resulted in major implications for social work practice, both on the macro and micro level. This problem in the given vulnerable population leads to ramifications that adversely impact a social worker's ability to serve their community efficiently. Studies have found that children of depressive mothers are 6 times more likely to develop depression than are children of mothers without (Edlin, 2009). Given this information, we can conclude that the amount of individuals with depression prevalence will significantly rise, and in a sense, double if mothers are not provided adequate treatment and interventions. Furthermore, negative implications caused to the mother as well as her child will

in turn lead to higher costs of services and economic implications given higher and additional levels of treatment will be needed. Overall, the mental health and medical care system will need to provide far more services on a micro level if depression is not properly addressed. In terms of resources, funding, mental health service institutions, etc. there will be a greater need for them since depression will be seen with greater frequency. This can cause major implications on a macro level given the need will significantly increase and require more not only from social workers but by their institutions and funding sources. If there is not enough funding, individuals are even less likely to seek services (Schetter & Tanner, 2012).

There are two main phases of the generalist intervention process that were informed by this study, which include assessment and evaluation. The question the current study addressed is: What are the perceived acceptability attitudes, barriers to service, benefits and effectiveness of receiving mental health services among pregnant Latina women who suffer from depression and other related mental illnesses as told by social workers?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of an examination of the research relevant to the topic of the perceived risks of antenatal depression both on the mother and child, the way in which mothers' respond to treatment, differences noted in previous conducted research as well as how this study builds from previous research. The final subsection will examine Attachment Theory, Psychodynamic Theory, and Systems Theory, which are all relevant to this population.

Effects of Antenatal Depression on the Mother and Fetus

Halligan, Murray, Martins & Cooper (2007) found that maternal depression was associated with an increased risk for depression in offspring but only if there had also been later episodes of maternal depression. In contrast, most of the other research available demonstrates a correlation regardless if continuous episodes of depression were present or not; the effects are usually still present and experienced by the child. This study focused not on the severity of the depression and the effects that has on the child but rather on the timing of depressive symptoms and the significance in determining risk of depression in offspring. Findings demonstrated that early environmental exposure alone is not sufficient to raise the risk in adolescent depression prevalence, but rather the

recurrence of maternal depression. Could timing be of more relevance than the occurrence (or reoccurrence) of depression? Brandon, Pitts, Denton, Stringer & Evans (2009) attempted to capture the first time attitudes a mother experienced regarding her fetus. There was a conceptualization established in which the relationship with the fetus begins in the imagination and at which point mothers began to view their babies as a “real person.” In their study, they found that 30% of women in the first trimester, 63% in the second trimester and, by 36 week, 92% of women regarded their fetus as a real person. These findings correlated delayed acceptance of the fetus with unpleasant symptoms of pregnancy, which additionally highlighted the significance of timing.

Responding to Treatment and Interventions

Two common treatments that have been recognized as being effective in preventing depression are interpersonal psychotherapy and cognitive behavioral therapy. Muñoz et al. (2007) found that interpersonal psychotherapy has been proven efficacious in treating antenatal depression. Additionally, using this treatment in a 16-week Spanish spoken group was more effective than a given parenting class in improving depressive symptoms in a controlled trial of pregnant women who were, on average, Latina immigrants. Cognitive behavioral therapy showed positive results in relation to reducing relapse rates after treatment of depression. This given therapy was also given in an 8 week group intervention and proved to be more effective when treating low income,

predominantly African American and Latina women than usual community resources.

Individuals respond to treatment and interventions differently based on given needs, experiences, symptoms, etc. Brandon, Pitts, Denton, Stringer & Evans (2009) found that mothers whom were unsure of their attachment were likely to respond to appropriate interventions, however, women unaware of unconcerned about their attachment to their fetus could greater benefit from education and forms of motivation. Being able to determine the intervention or treatment for each individual is crucial to ensure more positive outcomes. Current causes of depressive systems are addressed in most of the available literature, however, there is a gap in research that focuses on the mothers' past experiences and how those experiences shape the way a mother is able to form healthy attachments. Additionally, Brandon, Pitts, Denton, Stringer & Evans (2009) found that an expectant mother's own experience with her own mother led to the development of internal representations, which later predicted the ability to form attachments to family, partners, and friends. This prompted a new model of attachment in pregnancy to be developed, which helped and enabled a woman to adapt to pregnancy and attach to her fetus.

Similarly to this concept of attachment, Murray, Arteche, Fearon, Halligan, Goodyer & Cooper (2011) found that attachment insecurity has been found to be a large predictor of cognitive, affective and behavioral processes in school-aged children. They coded this as "ego resiliency," which was correlated to inflexibility

to change and an inability to deal with stressful circumstances. These characteristics produce cognitive vulnerability for depression such as some similarly stated previously (feelings of unworthiness and low self-aspirations). Longitudinal research demonstrates that poor child outcome following insecure attachment is significantly more likely when there are additional family issues and/or stressors. Being able to provide adequate intervention to systems outside of the mother and child context is also of great significance and important to determine during treatment and intervention (Murray et al., 2011).

While these studies focused on attachment with the mother, other research focused not on mother but rather on the relationship and presence of the father. Field (1998) found that infants of depressed mothers received better interactions ratings when interacting with their non depressed versus their mothers. Research demonstrates having both parents in a child's life produces better outcomes than a single parent; however, little attention is in fact given to the overall role a father plays in the mother's mental health help seeking strategies. There are gaps in research regarding to what degree paternal involvement influences a depressed pregnant Latina woman's help seeking strategies and attitudes.

Differences in Research

Both current and past research relating to depression in pregnant women highlight the significance as well as highly prevalent issue. Most importantly,

focuses on the negative implications the symptoms and behaviors resulting from depression could have on the mother and the child. There are a lot of similarities in research regarding what those negative effects cause but interestingly enough, hardly any (or not enough) that focused on the perceived benefits as told by social workers themselves, especially qualitative information. Taking into account in-depth and detailed responses as well as overall experiences from social workers is of great importance to research, not only to account for what is being done effectively, but also what needs to be done in addition based on concrete experience. It has been made clear prevalence is high as well as how important it is for mothers to receive adequate care, however, why are there still so many depressed pregnant Latina women who go without seeking or receiving help? The aim of the study was to gain a deeper understanding of that and important factors to consider as told by social workers. To take into account what the social workers in this study regarded to be the barriers, acceptance levels and thoughts on how to better promote mental health help seeking strategies amongst this population is of significance to research and will help in future services provided.

Building on Previous Research

This study will also aim at building from prior research, in specific, research that focuses on what should be done to better promote available mental health services.

It is clear depression in pregnant women causes adverse outcomes and there needs to be more done. In their study, Schetter & Tanner (2012) wanted to develop a new frame of research, which focused on reducing the burden of maternal stress, depression, and anxiety during their pregnancy. As also stated by these researchers, it is critical to identify the signs, symptoms, and diagnostic threshold that are present and require prenatal intervention to then develop efficient, effective, and ecologically valid screening and intervention strategies to be used widely. Their hopes were to bring about a new direction in research and to facilitate evidence based practices to ensure greater effectiveness. This study analyzed testimonies from social workers that have past or current experience in working with the target population in order to ensure future treatment and interventions for the given population are carried out to be as effective as possible.

Theories Guiding Conceptualization

Three theories were used to conceptualize the ideas in this study, they are: Attachment Theory, Psychodynamic Theory, and Systems Theory.

Attachment Theory has long been discussed within the context of human relationships, in specific between babies and their mother and/or father. When thinking of providing adequate help for depressed pregnant women, the concern is not solely on the mother but also to the child and ways in which the context of the mother-child relationship will be affected if negative symptoms and behaviors

persist (Brandon, Pitts, Denton, Stringer, & Evans, 2009). These researchers also discuss how the theory of human attachment has become applicable throughout several contexts as well as disciplines across the stages of human development. Research conducted for this study discussed the evolution of the application of the theory to the experiences of pregnancy. Specifically, aiming to highlight the importance in developing a unique relationship between the mother and fetus, long before the child is born. In addition, researchers suggest and motivate good health practices during pregnancy as it could serve as a protective factor against perinatal depression. Providing adequate evidence based practice and interventions to depressed pregnant women could serve positively in the mothers' attachment to her unborn fetus and throughout the child's later relationships.

Incorporating Psychodynamic Theory is also evidently important within my research. In social work practice, Psychodynamic Theory is typically used when the social worker aims at looking at early attachment relationships and the developmental history of the client, which includes past trauma or abuse (Payne, 1997). Experiencing depression during pregnancy has several implications on the mother, the child, and development over the life course as I have discussed. The implications it would have on the child is significantly outlined with Psychodynamic Theory in terms of the prognosis for the child's development through his or her life course and their ability or inability to form early attachment relationships; similar to the concept of Attachment Theory. Also, overall

assessment of the mother is of great importance as her developmental history could be causing strains on her current ability to mother and carry out appropriate roles and duties. These given strains could be negatively affecting the mothers' overall functioning, thus causing depressive symptoms to arise.

Payne (1997) explains Systems Theories as concepts that highlight the importance of reciprocal relationships between elements that constitute a whole. Also, these given concepts draw attention to the relationships among individuals, groups, organizations, and/or communities as well as influencing factors from or in the environment. A woman's social support or lack of support is often seen as a predictive factor (or risk) of poor health and functioning during pregnancy. As previously discussed, not having support during the pregnancy could result in negative feelings, which in turn lead to depressive symptoms and behaviors. Being able to address these areas of interest and what a woman's support system consists of is crucial in providing help as well as being able to deliver adequate interventions. Being able to identify these systems will be of help in guiding research to determine cause and effect relationships as well as effectiveness of interventions; the family system in specific. Research shows that discordant families in which there is a presence of two or more stressors may multiply a child's risk for developing depressive symptoms and problems (Cummings & Davies, 1994).

Summary

It has been undoubtedly noted that high percentages of Latinas experience depressive symptoms during pregnancy and often encounter many barriers to treatment (Kieffer, et al., 2019). Depression in pregnant women is particularly important as it could lead to more serious consequences such as suicidal ideation, postpartum depression and ultimately, harm to the fetus and overall functioning of the child as he or she grows up. There have yet to be sufficient studies whose focus is primarily on Hispanic or Latina pregnant women. As previously discussed, this rapidly growing population of this ethnic minority is of great significance and attention to mental health services needs to be given greater attention and requires newly found evidence. Since pregnancy is generally a period of increased contact with health care professionals, it is an ideal time to intervene to prevent the undoubtedly serious effects of antenatal depression (Muñoz et al., 2007).

CHAPTER THREE

METHODS

Introduction

This study sought to gain a better understanding of the different factors to consider when working with depressed pregnant Latina women as perceived by social workers who previous have or are currently serving this population. Some important factors include, but were not limited to: perceived barriers, levels of acceptance, and effectiveness of mental health interventions. This chapter contains the details of how this study was carried out and how research data was gathered. The sections to be discussed are study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study was to identify and explore the different factors present to consider when working with depressed pregnant Latina women. Additionally, to gain knowledge of social workers' overall thoughts, insights and experiences in working with pregnant depressed Latina women. This was an exploratory research project, due to the limited amount of research available to specifically address this topic and population from the perspective of social workers. Given that the professional viewpoints and experiences of the social

workers brought upon results in findings that were not already thoroughly described in research, this was a qualitative study based on a method of phenomenology. A phenomenology method was deemed most appropriate for this study given the study focused on that of individual experience; it revealed the meaning of the lived experience through the perspective of the recruited participants. The qualitative study was conducted through the use of voice-recorded interviews with in-depth open-ended questions as the tool through which data was collected from the subjects.

A strong point in using an exploratory, qualitative approach with in depth, open-ended interview questions in this project was that that participants were better able to add their own personal experiences in working with the topic population. Participants' answers were greatly detailed and tailored to their own experiences and observations rather than being restricted to a limited range of answers. Since the social worker perspective has notably not commonly been asked for in prior research, this allowed for participants to identify and provide new details, observations, and insights regarding depression in pregnant Latina women. To further explain, the data in this qualitative research depended solely on human experience, which is far more compelling and powerful than quantitative research would be.

Lastly, with this given research method, the researcher was able to grasp a clear vision on what to expect; the data collected was utilized to plug data onto a bigger picture. The open-ended interview questions proved to allow

participants to be far more engaged in the way they responded with their answers.

A limitation of conducting such in-depth open-ended interviews with participants is that the presence of the researcher in the process of data gathering is unavoidable, therefore, may have affected or influenced their responses. This type of research collection method is also not anonymous which may have caused participants to answer in the way they felt the interviewer might have wanted them to answer or they might have felt uncomfortable disclosing experiences, beliefs and information. Qualitative data from this study cannot be used to determine a cause and effect relationship therefore overall findings cannot be used to determine why or why not, depressed pregnant Latina women seek mental health services.

Overall, this study sought to explore the perceptions of social workers in working with depressed pregnant Latina women. The question this study addressed is: What are the acceptability attitudes, barriers to seeking help and benefits and effectiveness of receiving mental health services among pregnant Latina women who suffer from depression and other related mental illnesses, as perceived by social workers?

Sampling

This study was carried out utilizing a non-probability snowball effect sampling technique. Given that snowball sampling uses recommendations to

find people with the specific range of skills that has been determined as being useful, it allowed for more information to be gathered. As more relationships were built through trying to recruit participants, more connections were made. Additionally, the researcher sought to use non-probability snowball sampling as a means to recruit participants from a variety of agencies as opposed to gathering all participants from the same agency and/or geographic location. The way in which a specific location or agency works with the topic population could potentially affect or have an influence on perceptions of the social workers this study sought to learn from.

This study was carried out with a total of five participants. The five participants had to meet criteria of having experience in working with or serving pregnant depressed Latina women. There was no set age requirement for this study, however; at least a Bachelor's level degree was required. No additional demographics were considered requirements. The first participant was recruited through a well-known colleague of the researcher; snowballing effect was utilized thereafter for the additional four participants.

Data Collection and Instruments

Qualitative data was collected via live, audio-recorded interviews with participants. Each interview began with an introduction and description of the proposed research topic and its purpose. In an attempt to gain a better overview of participants, demographic information was obtained prior to the formal start of

each interview. The information that was collected with demographics included: age, gender identification, ethnicity, highest level of education completed, length of time serving the topic population, language(s) spoken and also the type of setting participants worked in when serving the topic population. Demographic information collected is included in Appendix A.

The researcher conducted each interview asking the outlined questions in Appendix B. The provided interview questions were created with the intention to break down different important factors to consider when working with depressed pregnant Latina women. Four general questions regarding depression in pregnant Latina women were asked: 1) What are the barriers they face in seeking mental health services? Such as, financial barriers. 2) How accepting are they of seeking and receiving mental health services? For example, considering culture. 3) For those who have received mental health services, what is the effectiveness of given intervention(s)? 4) Given the experience you have with this population, what other important factor(s) do you feel need to be considered to better promote seeking mental health services? The set of open-ended interview questions was a tool developed specifically for this study, for the purpose of obtaining the subjective experiences and individualized experiences of social workers serving the given topic population.

Participants were asked to describe their experiences in working with the given topic population, and also to describe any other important factors they feel are important to consider aside from the three mentioned. The questions were

intended for the purpose of gathering information from participants regarding their unique ideas and insights in order to better serve the given population and expand existing research. Themes found in participants' answers were coded in order to better analyze them and thus, explain findings. The researcher asked additional questions within those above mentioned in an attempt to further responses in order to allow for the upmost detailed data collection. The researcher made sure to answer any questions regarding the proposed study or to make clarification as needed by the participants' in order to allow for a comfortable environment and smooth flow of conversation.

Procedures

In order to properly describe the purpose and goals of the study to participants a printed Word document of the informed consent form found in Appendix C was given to each of them. Since this study was a snowball effect sampling technique, when new referrals were made for possible participants, the researcher made sure to provide potential participants with the above-mentioned information prior to carrying out any other step. The researcher provided contact information for potential participants to contact and if a potential participant agreed formal interview, a meeting was set. Additionally, participants were allowed to choose the date and time of the meeting in order to best fit their availability. Location varied, depending on participants' comfort and also taking

into consideration the snowball effect sampling, which elicited various location possibilities.

First and foremost upon formal meeting, confidentiality was discussed and demographic information and consent were obtained. Participants were again informed of audio recording and an explanation for why it was necessary. When the outlined interview questions began, the audio device was turned on and recording began. At the conclusion of interview questions, audio device was turned off. Participants were thanked for their participation and then given a \$20 gift card as a form of appreciation for their contribution.

Protection of Human Subjects

The identity of each of the participants was kept completely confidential from anyone aside from the researcher. Each participant's name was coded with a given number. Participants also each signed an informed consent prior to participating in the interviews, as well as consent to be audio recorded. The audio recordings were stored on a USB drive and kept in a locked desk. Only the researcher had access to key for the coded numbers corresponding to the name of each participant.

Data Analysis

All data gathered in the interviews was analyzed utilizing qualitative techniques. First, audio recordings of the interviews were transcribed into written

form. The researcher then sorted responses into categories, or main themes and then subsequent subthemes. The researcher made sure to read, and reread all transcripts to be certain of themes and sub-themes assigned.

Prior to the study, there were experienced mixed feelings and uncertainty of what to expect from participants responses and the considerable factors that would emerge from this proposed research topic. Common themes that were expected to arise were in regards to depressed pregnant Latina women's acceptability attitudes given they are expected to be care takers and not the ones in need of help. Barriers to service may include cultural barriers as the Latino population typically does not regard mental health as a priority and it often goes untreated even with illnesses other than depression. Also, it is believed by the researcher that treatment interventions will be regarded as being of help especially if the social worker is bilingual. In the experience I have had, I've noticed Hispanics in general feel more comfortable when speaking their same language as opposed to using a translator phone, for example. Regardless of what the proposed study's findings are, I expect all information and experiences learned will pose to be beneficial in future work and research with depressed pregnant Latina women.

Summary

This study sought to examine major factors to consider as told by social workers when working with depressed pregnant Latina women, including but not

limited to: barriers to service, attitudes relating to acceptance of services, and effective treatment interventions and benefits. The in depth open-ended questions aimed at obtaining the unique viewpoints of each social work participant and were intended to fill gaps in existing research with the topic population. The qualitative methods used in this study best facilitated this process and allowed for an adequate exploration of the topic.

CHAPTER FOUR

RESULTS

Introduction

In this chapter, demographics and characteristics representing the social workers interviewed for this study will be presented. Major findings, themes and subthemes regarding social workers perceptions of depressed pregnant Latina women's barriers to mental health services, acceptability attitudes, effectiveness of treatment and considerations for future work with this population, will be presented as well.

Presentation of Findings

Demographics

The sample population consisted of five participants, who were recruited specifically based on their experience to be a part of this study. Of this sample, four women, representing 80% and one male, representing 20%, were interviewed. The participants' ethnic backgrounds were made up of four Hispanic or Latino/a, 80% and one Caucasian, 20%. The mean average age of participants was 27.8 with a standard deviation of 7.56, ages ranged between 22 and 40. Educational backgrounds varied, two had a Master's degree, one a Doctorate, one a Bachelor of Arts and another a Bachelor of Science. Three of the participants (60%) identified as being fluent only in one language, English,

while two of them stated they were bilingual, fluent in both Spanish and English (40%). Participants were also asked about the setting they worked in while serving topic population such as inpatient, outpatient, etc. Two participants (40%) had experience in only one setting, one participant (20%) in two settings, one participant (20%) in three settings and one participant (20%) had experience in more settings, serving the topic population within four different settings. Analysis of the responses from the interviews held through this qualitative research study yielded in important information for future social worker practice in serving depressed pregnant Latina women.

Table 1. Demographics.

		N	%
Age	22	1	20.00%
	25	2	40.00%
	30	1	20.00%
	40	1	20.00%
Gender	Male	1	20.00%
	Female	4	80.00%
Ethnicity	Hispanic	4	80.00%
	Caucasian	1	20.00%
Education	Bachelors	2	40.00%
	Masters	2	40.00%
	Doctorate	1	20.00%
Languages Spoken	1	3	60.00%
	1+	2	20.00%
Settings Worked In	1-2	3	60.00%

2+

2

40.00%

Themes

There were various themes and subthemes that emerged from the participants responses in the interviews conducted. Main themes to be talked about include low literacy rates, including normalizing, female roles within the Latino culture, barriers to services to consider, acceptance of mental health services, effectiveness of treatment as stated by participants and recommendations for future practice as identified by participants.

Low Literacy Rates

Participants recruited for this study all held a common perception in regards to how a lack of knowledge and education amongst this population serves as a detrimental effect on mental health help seeking strategies. They have a shared belief that a significantly low percentage of this population, actually understood what depression entails: its meaning, symptoms, effects, benefits, etc.:

“...I think with Latina women in general when you talk about the stigma around mental health I don't think it's even thought about as a possibility. I think with depressed Latina women specifically, it would just not be something that comes to mind. It's not thought about what could be going on? I don't think that's happening; it's not in their radar.”

There is also generally, a lack of knowledge regarding the services that can be made available to them:

“...So in my experience, I know “stigma” is a popular thing to say. But to me, a stigma I think is attributed to a lack of knowing. Often what I have found isn’t just a matter of, this is our culture and we’re not for that; but rather, this is just the way we have known to handle things.”

Similar to the concept of handling it on their own, most participants also felt that the target population much rather keep it in the family and resolve it personally, just as they always have:

“...Many of my patients have expressed that their families are private and there is a belief that these issues their experiencing should be resolvable by the individual and concerns should be addressed through the family and the church.”

Due to the lack of acknowledgement of mental health issues, there is also a lack of education in terms of target population understanding the importance of mental health and what it means to be mentally healthy when you are about to have a baby. Thus, for the majority of these participants, they expressed a belief that if pregnant depressed Latina women had more knowledge in regards to potential risks, potential risks post-partum, coping skills, processing of feelings,

etc. there would be greater help seeking strategies. There were also some comments regarding generational themes and patterns seen among clients.

“...What I see often is that younger women are more accepting of the services in comparison to older women.”

Another great factor to consider as experienced by participants is the Latino communities overall misunderstanding and again, lack of knowledge in regards to practitioners and what their roles are; differences in practices and services rendered to clients and or patients. Specifically, what receiving services would entail:

“No, you’re not crazy? Why would you go to a psychologist or why would you go to a therapist? Why would you go to a psychiatrist?”

The titles of practitioners are thrown out interchangeably without the knowledge on what each offers or the way in which they could be of service. Included in that is also the misconception that medication will automatically be necessary or imposed on the individual seeking services. One of the participants stated that once there was clarification made to the topic population that medication was not required in order to receive therapeutic services, they became more comfortable with attending sessions. Or if medication was in fact necessary, it was important to provide reassurance and a thorough explanation of what taking medication would entail.

Normalizing

There are generally so many emotions attached to the coming of a baby and how an expectant mother feels. Due to this, most participants identified normalizing of feelings on behalf of the clients they served. There was a consensus amongst participants that the depressive symptoms were associated with waiting for the arrival of the baby. Expressed feelings such as that of hopelessness, sadness, tearfulness, lack of motivation, etc. were all categorized as being because of the hormones that come with a pregnancy. Per participants of this study, the women themselves made some of these claims but more than often, they were made from those around them:

“...I’m going through a rough time but once I have the baby, I won’t feel this way anymore and everything will go back to normal.

Participants also attributed the normalizing thoughts as being part of the lack of education and knowledge. Generally speaking, participants felt that the more the clients knew and were empowered, the more willing and accepting they were towards services provided to them.

Female Roles in Latino Culture

Within the Latino culture, the role of a woman, the role of a mother in particular, is largely associated with that of the caretaker for and of the family. Due to this, participants held a common belief that the target population was

often too busy taking care of the family, the child's needs and child's well being, that their own mental health was not considered important or something worth seeking help for.

“...The fact they are women first of all and then also being a mother, seeking help for themselves is set as last and not of priority, especially if there are already other children involved.”

Also relevant to the role of the mother, taking care of other children (if any), lack of childcare contributes significantly to an inability to attend therapy or make proper arrangements to attend, per participants. Participants stated that a vast majority of mental health services agencies are only open weekdays and during normal business hours, which is the same time the target population is either at work or school, making it extremely difficult for them to attend.

Dependency

A few of the social workers recruited for this study made comments regarding the dependency Latina women have on their partners (if present), when pregnant, that dependency increases.

“..I have also seen Latina women as too dependent on their partner, father of the baby. It becomes a, let me consult with him first and see what he thinks.”

Social support was considered a big determining factor in most cases for participants also. Not only from their partner (if present) but also surrounding friends and family.

Additional Barriers to Consider

Participants conceptualized being a Latina and a minority in and of itself a difficulty in terms of financial barriers and being able to access mental health services, especially if undocumented. One of the participants identified the copay required to receive mental health services within the agency she serves if a patient is uninsured.

“...If a patient does not have full insurance coverage, there is a \$40 Co-pay each time they come in for a session. Average that twice a month, that’s \$80 a month required. That’s a lot of money for some of these women who really do need the help.”

Location

As discussed within other areas of their interview, participants felt that the lack of childcare and potential dependency on a partner all additionally contributed to not seeking mental health services because of the location of agencies.

“...A lot of the mental health services are available in the “nicer” areas, the “nicer” clinics and hospitals. So it definitely needs to be made better

accessible in the rural areas where a lot of these women are receiving their prenatal care and have follow up appointments.”

For participants, this also meant that a lack of adequate transportation was seen come into play.

“...More often than not it’s also a lack of transportation, a lot of these Latina women, don’t have licenses or a car, they rely on public transportation and catching two, three different buses.”

This participant also stated that not only was transportation an issue and having to catch multiple buses at times, but also the implications of that when services are not available to them, within rather close proximity, with a bilingual therapist. It was mentioned by several participants that for some of their clients seeking services, if they walked into an agency that did not accept them (whether it is due to financial or language barriers), that it left the client with a bad experience and also reluctance to seek treatment elsewhere.

Language Barriers

To further draw upon what was mentioned above, participants identified language as a barrier to mental health services. One of the participants drew upon her experience at her agency and the use of translator phones and the ineffectiveness of them when talking about sensitive topics. Of those 40% of participants a part of this study who were bilingual, they identified their ability to speak Spanish of great significance for treatment and rapport building:

“...I think within this culture, it really is about feeling comfortable with someone, the fact I speak Spanish in and of itself is a huge comfort and already a sense of established rapport.”

Acceptance of Mental Health Services

Participants shared common insight and experiences in regards to Latinas acceptance with relation to mental health services and following treatment. They believe that once the target population are aware of services available to them, their accessibility and affordability, most of them are willing to come in for help. Again, it is attributed to the lack of knowing and education.

“...What I have found is that when you're actually able to connect with them and hear their concerns and hear about their experiences and hear about what they think might be happening and then sort of give them information, it works out. They can't necessarily navigate complex systems themselves.”

What was particularly important in regards to acceptance attitudes when interviewing these participants is that they did not agree with the commonly spoken stigma and that Latinos in general are against or do not believe in mental health services.

“...I think sometimes we, society, think that they can't be successful at therapy using culture as an excuse. But really, I think once the acceptance has

been made, success flows, it's not regarded as something the culture doesn't accept."

Effectiveness of Treatment

Participants recognized success of intervention, therapy and treatment as being individual. Therefore, if someone is willing to put in the time and work that is required when receiving therapy, there will be positive outcomes, regardless of ethnicity.

"...All have been successful at times and all have failed at times. It's really dependent on how much the client or patient is willing to put forth the effort."

As previously discussed, most Latina mothers hold most (or all) household responsibilities. One participant stated that they found therapy as mothers' safe space and personal time to get away from responsibilities and adhere to self-care.

"...I remember one expectant mother who just never had any time to get away from the chaotic environment of her home; it got to the point where she was so overwhelmed. So just to have an hour to come and talk to me, to detach, that in itself was so beneficial and super effective."

Since the Latino culture is a family and community in and of itself, once one can take back something positive, it can really have a lasting ripple effect.

“...Of those who continued through with services and were engaged, for the most part they really learned to identify red flags and share about it for future references either for themselves or others.”

This lasting effect was also considered of significance because they decrease the chances of post-partum depression, increase bonding and relationships with the baby, lower stress levels, learn coping skills tailored to themselves, they are able to identify their triggers. As a whole, the pregnancy is much more enjoyable.

Recommendations for Future Practice

Participants hold a strong belief for the continued growth and effort that needs to be made towards better serving the topic population. They expressed a focus on cultural humility, culturally compassionate care, confidentiality, and clear expressions that mental health services are safe and a sanctuary for all clients are critical in promoting this population to seek mental health services when needed. One participant in particular, drew upon an important current societal factor:

“...I think this population is under a significant greater level of stress due to the current political climate and I believe that mental health practitioners need to take this into consideration in working with this population.”

Billing Considerations

Interventions used by participants, for the most part, were similar. One participant identified stress management, adding perspectives (CBT) and health management. Another participant identified CBT, DBT, ACT, CFT and Solution Focused Therapy. However, these evidence-based practices raised a big area of concern for two of the participants:

“...For me, as a clinician, I need to be able to bill for medical. So how do you do things like DBT, CBT with someone who is a Hispanic mom who maybe has a low literacy rate where thought journaling and having to be expressive or do certain things was a difficult thing to ask for them. How do I ask a pregnant Latina woman with no education and low literacy rates to journal? That way I can bill for CBT intervention.”

For these two participants, they found it as a difficult means to treatment and having to match those treatment interventions with billing requirements. Therefore, they believed further measures and tailored services have to be made a priority when working with this population:

“...Sometimes, it would be adjusting certain evidence based practices to fit, how do we adjust these things to fit the client as opposed to just fitting this client into this mold of this is how we do therapy even though not all of it is entirely helpful. So what does it look like to have a high case load and still take 30/40/50 minutes out of my day to adjust what CBT looks like to meet the needs of these client that I’m working with.”

Community Engagement and Education

One participant made an important contribution in terms of how to ensure the target population becomes for informed, aware and empowered. This participant shared thoughts in regards to a mental health agency in a given community, people passing by, but it’s not until people actually know that they can go in and access whatever services are offered, that they will go in. There was an expressed belief that you should engage in promoting your services rather than waiting for people to go in. Not only does this allow for your services to be known, but also to understand the community you are serving.

“...It’s very effective to engage in the community, to do outreach because then it’s coming from a point in which you actually understand the people you are trying to reach.”

This participant also shared about the experience acquired while working for a prevention and intervention unit. Within this, there was outreach to the community specifically Latino communities, low SES communities. It started as a

parenting group where they were allowed to bring their families; there was childcare and dinner provided. Also, the classes were held at night. A lot of those barriers mentioned earlier, were covered within this given program. The participant identified that starting off with a parenting topic was very general and then everything would begin to unfold like hey, maybe this is a case of depression or anxiety.

“...In those discussions, things would come out about families, questions would arise and then that actually served as a hub to give resources to them where they didn’t have to go far because we were the county so we could give them exactly what they needed to know, the information they needed and then connect them to services.”

Another participant shared thoughts regarding further education during prenatal care and for women to be provided with more information:

“...I know they have prenatal classes, if somehow they included some further psychoeducation in there about depression and related mental illnesses especially the risks while being pregnant. It would make a great impact.”

Case Management

Most participants identified the importance of the family within the Latino culture when adhering to the treatment and therapy of this population:

“...Importance of family needs to be fully considered. I do think that with this population in my experience, they’re just going to have a multitude of factors going on and because of the way their lives are functioning and their roles within the family, it’s not just therapy for them but doing case management for their entire family.”

These participants identified a pregnant depressed Latina woman who comes in and whose depression is tied to her mother’s cancer diagnosis. For these participants, that means providing resources and help to her mother because of how close the familial relationship is and the importance placed on family within the given culture.

Attention to Domestic Violence

A participant drew upon the need to focus more on women who are victims of domestic violence and what it means for them when they try to seek mental health services:

“...I’ve seen women who are in unhealthy relationships decline mental health services because of their partners. I’ve had patient’s partners try and come in with them to sessions when they are in fact, the problem surrounding the pregnant Latina’s depression.”

In this case, the participant identified the need for greater measures to be taken to ensure these women are safe and still able and empowered to receive services.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter provides a discussion regarding key findings of the study and their relevance to existing literature. Limitations of this study will also be discussed along with recommendations for both micro and macro social work practice, policy and research. Following this, there will be a conclusion summarizing this study.

Discussion

The results of this research study answered the research question and yielded in greater contribution to barriers in seeking mental health services, acceptability attitudes, effectiveness and recommendations for intervention strategies as well as insight as to what should be done to ensure greater mental health help seeking strategies among depressed pregnant Latina women.

The findings from this study as presented by participants regarding low income, ethnic minority, a fear of deportation, lack of insurance coverage and language barriers as barriers to mental health treatment, were all consistent with findings presented by (Muñoz et al., 2007). Abrams, Dornig & Curran (2009) found that a few studies suggest cultural and attitudinal factors impede mothers from seeking professional help, however, no studies have been conducted in the

United States that have explored or attempted to further learn more about attitudinal barriers to seeking formal mental health services. It was suggested, however, that Latina mothers role in the family, along with potential other factors, are what cause Latina mothers to feel less worthy of obtaining or pursuing formal help and attending their own needs. This research study provided further insight to this belief and in fact, confirmed it. Participants stated the Latina mothers felt their own health and needs were less significant, especially with the coming of the baby and trying to care for medical needs and care. Also consistent with Abrams, Dornig & Currans' (2009) study regarding the knowledge and sense of empowerment gained through therapy and how it was useful to not only the client but also to help other mothers going through similar situations, a few participants of this research study also stated the significance of that. Clients felt more empowered to not only help themselves but those around them as well as learned coping and triggers for future situations.

Zayas, Cunningham, McKee, & Jankowski (2002) found that it was due to the lack of support and negative life events that many women, especially those of minority, are susceptible to depression during pregnancy. These findings are significant to the information gained through this research project. There was an expressed desire to better promote and provide mental health services to depressed pregnant women who are victims of domestic violence. A participant in this study, also as discussed by previous literature, considered the traumatic event a link to the depression. The lack of support was tied in not only by their

partner but also with the lack of social support. As most participants from this research project described, this population more often than not, just needs someone to talk to and relieve themselves from the added responsibilities Latinas have within their family dynamic.

Limitations

There are several limitations to this study that are important to discuss. First, it was based on a relatively small sample. Latina pregnant depressed women make up an increasingly large population, therefore making it difficult to generalize from the experience of the few participants involved in this study. A second limitation is participants were recruited from within specific areas, which may not be representative of all social workers experiences with the target population. Additionally, participants did not comprise a large ethnically diverse sample, given they were Hispanic and/or Latina, or Caucasian.

Implications for Social Work Practice, Policy and Research

Participants recruited for this study contributed with significant insight drawn upon their experiences with serving the topic population. Due to their experience, they also identified areas for growth and recommendations regarding future work with this population and promoting mental health help seeking strategies. They identified a greater need for cultural humility, culturally compassionate care, confidentiality, and clear expressions that mental health

services are safe and a sanctuary for all clients are critical in promoting this population to seek mental health services when needed. Additionally, there was an identified suggestion in terms of difficulty of treatment intervention with billing requirements, a need for further community engagement, education, case management and attention to domestic violence victims.

In agreement with all the above-mentioned, they are all undoubtedly of great importance and vital areas to consider improvements with when serving this population. Intervention and treatment strategies with this population should be tailored to meet the individuals' goals along with their each individual circumstance. Demonstrating cultural competent care as well as greater attention to what interventions and treatment strategies may or may not be suitable for this population. The need for case management within this population is increasingly important and needs to be given attention to even within the individual context.

There are great implications of this research study for both micro and macro social work practice for future research. On a micro level, greater adherence to this populations' help seeking strategies and promoting community involvement, outreach and education as mentioned by participants will yield in greater acknowledgement of depression and related illnesses on behalf of topic population. Additionally, providing adequate services and support for victims of domestic violence as it was considered an area requiring much more attention. My recommendation for micro level care would be to take the client and the

situation they are on, adjusting intervention and treatment to make the client feel comfortable with the process. On a macro level, the findings of this study suggest there should be special considerations when working with this population in terms of again, community involvement as well as interventions and billing requisites. My recommendation for policy makers would be to allow for more flexibility in documentation and what is required for billing. As seen from findings of this study, billing is considered a difficult area when trying to apply certain evidence-based practices. Additionally, supervisors should provide employees with more assistance in terms of specialized intervention and strategies when working with this population.

Conclusion

The purpose of the current research project was to examine the perceived acceptability attitudes, barriers to service, benefits and effectiveness of receiving mental health services among pregnant Latina women who suffer from depression and other related mental illnesses as told by social workers. Given the increasing number of Latina pregnant women and their susceptibility to experiencing depressive symptoms, more significance needs to be given to their mental health needs as told by existing literature and participants of this research project. In order to do this, there needs to be a greater importance emphasized as well as increasing encouragement of seeking and receiving mental health services. This study explored the perceptions of social workers that have served

the topic population and their experiences, insights and recommendations, something that were not previously reported in the literature.

APPENDIX A
DEMOGRAPHICS

Demographics

1. Age ____

2. Gender Identification _____

3. Ethnicity

Hispanic or Latino ____ African American ____ Asian ____

American Indian or Alaska Native ____ Caucasian ____

Other _____

4. Highest Level of Education Completed

B.A. _____

B.S. _____

Master's Degree _____

Other _____

5. Languages Spoken

Spanish ____ English ____ Other(s) ____

6. Length of Time Serving Topic Population _____

Comments:

7. Type of setting when working with topic population

In Patient ____ Out Patient ____

Medical ____ Behavioral Health ____ Non-profit

Comments:

Developed by: Brenda Velasquez

APPENDIX B
PARTICIPANT QUESTIONS

Participant Questions

1. What are the barriers clients face in seeking mental health services?
(Such as financial barriers)
2. How accepting is this population of seeking and receiving mental health services? (Such as cultural views)
3. For those who have received mental health services, what is your perceived effectiveness of given intervention(s)? What intervention(s) were used?
4. Given the experience you have with this population, what other important factor(s) do you feel need to be considered to better promote seeking mental health service?

Developed by: Brenda Velasquez

APPENDIX C
INFORMED CONSENT



California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 11/30/17 VOID AFTER 11/29/18
IRB# SW1715 CHAIR *[Signature]*

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the perceived factors to consider, as social workers, when working with pregnant Latina women. The study is being conducted by Brenda Velasquez, a graduate student, under the supervision of Dr. Armando Barragán, Assistant Professor in the School of Social work at California State University, San Bernardino (CSUSB). The Institutional Review Board Social Work Sub-committee at CSUSB has approved the study.

PURPOSE: The purpose of this study is to explore the perceptions of 5 social workers in their experience when working with pregnant depressed Latina women.

DESCRIPTION: Participants will be interviewed and audio recorded. They will be asked questions regarding their perceptions of important factors to consider when working with depressed pregnant Latina women including but not limited to: acceptability attitudes towards receiving services, barriers to service, and effective treatment interventions and benefits.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be stored in a secure and encrypted file.

DURATION: The interview will take approximately 45-60 minutes.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragán at his office (909) 537-3501 or via email (abarragan@csusb.edu).

RESULTS: Results of the study can be obtained from Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino in July 2018.

I agree to have our interview audio-recorded _____ yes _____ no

This is to certify that I read the above and I am 18 years or older.

_____ **Place an X mark here** _____ **Date** _____

909.537.5501
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX D

EXAMPLE OF EMAIL SENT TO PARTICIPANTS

Example of e-mail to be sent to proposed participants:

To Whom It May Concern,

My name is Brenda Velasquez and I am currently in my second and final year of my Graduate program at California State University, San Bernardino. I am obtaining my Masters in Social Work and it requires me to write a thesis and collect data on a topic of my choice that I regard as being of significance to social work. I have chosen to focus on social workers that have past or current experience in working with pregnant depressed Latina women, which is why I am reaching out to you. I hope to gain further insight as to barriers this population faces in receiving mental health treatment, acceptance levels and perceived effectiveness of interventions/treatment. I hope to have a voice-recorded interview with you in which I will ask a set of questions as well as ask for your demographic information. All information will be kept confidential and you can retrieve from our meeting at any time. Additionally, no personal identifying information will be collected. Our meeting can be according to what you find most convenient and you will be compensated with a complimentary gift card for your time and contribution to my research.

I hope to hear from you soon,

Brenda Velasquez
(909) 684-2952
005388730@coyote.csusb.edu
Master of Social Work Candidate
California State University, San Bernardino

Developed by: Brenda Velasquez

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