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Pregnant adolescent women's perceptions of depression and psychiatric services in the United States

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ABSTRACT

Problem: Adolescent mothers and their children are at high-risk for depression and the associated negative educational, social, health, and economic outcomes.
Background: However, few pregnant adolescent women with depression receive psychiatric services, especially low-income or racial/ethnic minority adolescent women.
Aim: This qualitative study explores perceptions of depression, psychiatric services, and barriers to accessing services in a sample of low-income, pregnant racial/ethnic minority adolescent women. Our goal was to better understand the experiences of depression during pregnancy for these vulnerable adolescent women, and thereby improve their engagement and retention in services for perinatal depression.
Methods: We recruited 20 pregnant adolescent women who screened positive for depression from 2 public health prenatal clinics in the southeastern United States. Participants were low-income and primarily racial/ethnic minority women between 14 and 20 years old. Data were collected through individual in-depth, ethnographically informed interviews.
Findings: Generally, participants lacked experience with psychiatric services and did not recognize their symptoms as depression. However, participants perceived a need for mood improvement and were interested in engaging in services that incorporated their perspective and openly addressed stigma.
Discussion: Participants reported practical and psychological barriers to service engagement, but identified few cultural barriers. Family perceptions of psychiatric services served as both a barrier and support.
Conclusion: Adolescent women are more likely to engage in psychiatric services if those services reduce practical and psychological barriers, promise relief from the symptoms perceived as most meaningful, and address underlying causes of depression. Culture may affect Latina adolescent women's perceptions of depression and services.

Statement of significance

Problem or issue

Pregnant adolescent women with depression have low levels of engagement and retention in psychiatric services.

What is already known

Adolescent mothers and their children are a high-risk group for depression and the associated negative educational, social, health, and economic outcomes. Few pregnant adolescent women with depression receive psychiatric services, especially low-income or racial/ethnic minority adolescent women.

What this paper adds

Adolescent mothers do not often recognize the symptoms of depression and have limited experiences with psychiatric services. In order for adolescent women to engage in services practical and psychological barriers as well as the underlying causes of depression should be addressed.

1. Introduction

The United States (U.S.) has one of the highest rates of adolescent pregnancy among industrialized nations, with low-income,

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racial/ethnic minority adolescents being most affected.[1] Perinatal depression (PND), major depression occurring during pregnancy through one-year postpartum, is a debilitating illness with significant educational, economic, health, and social costs. PND increases risk of maternal and infant morbidity and mortality, preterm birth, and enduring negative outcomes for mother, child, and family.[2–5] Estimated rates of pregnant adolescent women with PND, ranging from 20-44%, are 2 and 4 times the rate of low-income women and middle-class women, respectively.[6–8]

Few pregnant adolescent women with depression receive psychiatric services.[9,10] Low-income, racial/ethnic minority adolescent women experience the greatest disparities[11,12] increasing their risk of future major depression, poverty, and abuse.[8,9,13–15] Barriers to psychiatric services and a lack of culturally acceptable services intensify this risk.[16,17] However, low-income, minority adolescent women can be engaged if services address their unique needs.[12] Reducing disparities in service use and prevalence of PND among low-income adolescent women requires a better understanding of how these adolescent women perceive depression, psychiatric services, and barriers to accessing services.

1.1. U.S. adolescent mothers' perceptions of pregnancy, perinatal depression and psychiatric services

For many adolescent women in the U.S., pregnancy marks the entrance into adulthood,[18] but also requires interpersonal, social and behavioral changes.[18–22] Perceived costs of these lifestyle changes include school dropout, foregoing higher education, entering the workforce, social isolation, ending romantic relationships, single parenthood, losing peer support, being judged negatively, and family stress.[18,20–22] Rewards may include improved relationships with mothers and school officials; love for the child; and developing friendships with other pregnant/parenting adolescent women.[18,21,22] However, costs and benefits differ across socioeconomic and racial/ethnic status.

The available research on adolescent mothers' perceptions of PND is scant. Studies have identified interpersonal stressors as a primary factor. Adolescent mothers report extreme stress from conflict with parents and/or romantic partners experienced in combination with financial hardship, societal expectations, cultural messages, and/or pubertal changes.[23,24] Adolescent women have also reported perceiving extreme stigma around psychiatric illness, particularly depression.

Existing literature on pregnant adolescent women's perceptions of psychiatric services reports they are shaped by their knowledge, experience, and satisfaction with services. Although few adolescent mothers receive psychiatric services, those that have often report dissatisfaction.[25] Limited evidence suggests pregnant adolescent women's preference for group-based services.[26–29] Unfortunately, the chaotic lives of adolescent mothers[30] often interfere with attending group interventions. Additionally, trauma history, estimated to be present in at least 84% of low-income adolescent mothers, is counter-indicative of group services.[6,31,32]

Although not specific to pregnancy, research has suggested that compared with Caucasian adolescent women, racial/ethnic minority adolescent women experience higher rates of depression,[33] lower service utilization,[34] and higher unmet psychiatric needs.[35] Minority adolescent women in the U.S. experiencing depression are more likely to report use of informal, community, faith-based, school-based, or medical resources (e.g., doctors, emergency department) than psychiatric professionals or agencies.[36–39] Previous research has found adolescent women's help-seeking to be influenced by culture, stigma, attribution to non-biological causes, increased somatic symptoms, and "health paranoia".[37,40–42] Based one existing literature minority adolescent women in the U.S. face multiple barriers to psychiatric care use. These include stigma, discrimination, lack of information and transportation, financial, language, family, cultural, and immigration related barriers.[34,37–41,43–45] Accordingly, those who receive psychiatric services often terminate prematurely.[46]

Research examining minority adolescent women's experiences of PND reported symptoms (anger, irritability, sadness, anxiety, and shame/guilt) were primarily experienced in reference to external circumstances. Noted circumstances include feeling trapped, powerless, or wronged; difficulty acquiring resources; and rejection by family/others.[47] PND improvement was associated with pregnancy validation, obtaining resources, successful self-advocacy, boundary setting, and clarification of life transitions.[48]

Pregnancy in U.S. adolescent mothers was associated with an increased sense of purpose and consciousness of safety.[48] Having emotional support from family, particularly the baby's father, reduced PND risk. However, few adolescent fathers in the U.S. provided support.[47,48]

1.2. Study objectives

This qualitative study addresses knowledge gaps regarding the experience of U.S. low-income, minority, depressed pregnant adolescent women's perceptions of pregnancy, depression, and help-seeking. Our study is guided by a critical feminist methodology. We sought to understand the experiences and perceptions of U.S. pregnant depressed adolescent mothers in their own words and from their own worldviews rather than from those of practitioners, administrators, or parents. Our research was guided by the following questions: (1) What are pregnant adolescent women's perceptions of their current mood? and (2) What are pregnant adolescent women's perceptions of psychiatric services? As we progressed, a third question emerged and was added to the study: (3) What services beyond psychiatric care are needed by this population?

2. Participants, ethics, and methods

2.1. Study design and population

In-depth interviews were conducted by the principal investigator, SB, and a female master of social work (MSW) level social worker, AS. We used convenience sample of 20 pregnant, low-income adolescent women recruited from two public prenatal clinics in the southeastern U.S. Both interviewers had at least MSW level training with a specialization in psychiatric social work and training in ethnographic and qualitative interviewing. Both interviewers had at least 2 years post MSW experience working with low-income mothers in a clinical setting. Participants met the following criteria: income $\leq$185% federal poverty line; $\leq$32 weeks gestation; 14–20 years old; receiving prenatal care; and score $\geq$10 on the Edinburgh Postnatal Depression Scale (EPDS).[49] This study was approved by the Institutional Review Board at the PIs home institution. Interview data were collected prior to intervention services.

2.2. Recruitment procedures and data collection

Participants were recruited between December 2009 and September 2010 by project staff, self-referral, and provider referral. Of the 31 adolescent women recruited, 3 declined to participate, 4 did not meet study inclusion criteria, and 2 dropped out prior to the interview. After obtaining informed consent, a research associate administered the EPDS[49] to assess probability of PND diagnosis. Adolescent women who met study criteria were invited to complete the in-depth interview within one week of initial

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