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Women Supporting Women: Supportive/educative Groups for Ethnically Diverse, Urban, Impoverished Women Dealing With Depression and Anxiety

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ABSTRACT

Depression and anxiety are mental health issues that disproportionately affect urban, ethnically diverse, impoverished women. Using community based participatory research and in the context of long-term partnerships between a nursing department and underserved neighborhoods that are predominately Black, Hispanic, and White respectively, supportive/educative groups were offered. The study employed a quasi-experimental, nonequivalent comparison group pretest-posttest design. Seventy-two women aged 17–88 years participated. Repeated measures ANOVA indicated a significant increase in knowledge for self-care for depression and anxiety and a significant decrease in anxiety and depression symptomatology from before to after the group sessions.

Introduction

The Agency for Healthcare Research and Quality (AHRQ) identified women, racial and ethnic minorities, low income groups, and inner-city groups as priority populations for research (AHRQ, 2017). Mental disorders are the third most costly condition for adults aged 18–64 with $51.1 billion of expenditures in 2012 (AHRQ, 2015). Serious psychological distress was more than nine times as high for adults aged 55–64 living below the poverty level as compared to those at 400% or more of the poverty level (Centers for Disease Control and Prevention [CDC], 2014). African-Americans are 10% more likely to report having serious psychological distress than Non-Hispanic Whites (United States Department of Health and Human Services [USDHHS], 2017a). Further, when comparing poverty within ethnic groups, Hispanics and African-Americans living below the poverty level are respectively two and three times more likely to report psychological distress than same ethnicity cohorts above the poverty level (USDHHS, 2017a, 2017b). Women are 50% more likely to experience depression and 60% more likely to experience an anxiety disorder over their lifetime than men (NIMH, 2016a, 2016b). Obviously, the overlap of poverty, ethnicity, and gender creates significant vulnerability relative to depression and anxiety.

The health care community is becoming increasingly cognizant of the fact that "by tailoring services to an individual's culture and language preferences, health professionals can bring about positive health outcomes for diverse populations" (USDHHS, 2017c). Interventions aimed at decreasing anxiety and depression are more effective if they are adapted to the gender, ethnicity, income level, and living environment of those receiving the intervention (Cabassa, Contreras, Aragon, Molina, & Baron, 2011; Doornbos, Zandee, & DeGroot, 2014; Ell et al., 2010; Foster, 2007; Hernandez & Organista, 2013; Neale & Wand, 2013; Sabir et al., 2003; Thomas, 2014; Unger, Cabassa, Molina, Contreras, & Baron, 2013; van Loon, van Schaik, Dekker, & Beekman, 2013; Ward & Brown, 2014). Adapted interventions can improve the understanding of the explanation of health problem, enhance its acceptance, increase its relevance, facilitate change in social norms and attitudes, and improve the relationship and partnership with the patient (Cabassa et al., 2011; Hernandez & Organista, 2013; Unger et al., 2013; van Loon et al., 2013). Specific culturally adapted mental health interventions were four times more likely to be effective than general interventions delivered to culturally diverse clients (Ward & Brown, 2014). Thus, appropriate design and delivery of mental health care interventions to urban, ethnically diverse, impoverished women are essential to effective treatment.

Unfortunately, evidence of specific, effective, culturally sensitive interventions for mental health is limited and has mixed outcomes. Several recent quasi-experiments have focused on delivery of interventions in Spanish for low-income Latinas (Camacho et al., 2015; Eghaneyan, Sanchez, & Killian, 2017; Galano, Grogan-Kaylor, Stein,

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Clark, & Graham-Bermann, 2017; Kelly & Pich, 2014), the incorporation of specific cultural values for low-income Hispanic and African American women (Kaltman, Hurtado de Mendoza, Serrano, & Gonzales, 2016; Taha et al., 2015), or the inclusion of topics of interest to a low-income cultural group (Camacho et al., 2015) resulting in improvement of depressive and/or post-traumatic stress disorder (PTSD) symptoms. Additionally, psychosocial interventions reduce depressive symptoms in low-socioeconomic status (SES) women (van der Waerden, Hoefnagels, & Hosman, 2011). However, the moderating impact of intervention characteristics such as program type or duration, delivery mode, or use of a booster session is not documented. In addition, conclusions about long-term effects of the interventions are tentative. van der Waerden et al. (2011) encouraged the development of multicomponent psychosocial interventions specifically designed for low-SES women that target stress and focus on both the individual and the community. A randomized controlled trial of combined exercise and psycho-education for low-SES women found no short or long-term differences relative to depression and stress levels in the overall target population. Some short-term effects were noted within subgroups of women who had fewer initial symptoms or lower educational levels (van der Waerden, Hoefnagles, Hosman, Souren, & Jansen, 2013). Thus, while research on effective mental health interventions for ethnically diverse, urban, impoverished women is growing, it remains inconclusive and the need for additional research is urgent.

Theoretical framework

Dorthea Orem developed three interrelated theories: the theory of self-care, the theory of self-care deficit, and the theory of nursing systems (Orem, 2001). The theory of self-care is particularly appropriate to this study in that its goal is the promotion of health and well-being or the prevention, control, and compensation for disease that affects the individual's life. The theory assumes that (a) people should be self-reliant and responsible for their own care to the extent they are able, (b) a person's knowledge of potential health problems is necessary for promoting self-care behaviors, and (c) self-care behaviors are learned within a socio-cultural context. The concept of self-care refers to the set of activities that an individual initiates and performs on their own behalf in maintaining health and wellbeing. Self-care agency is the ability to engage in self-care, which is conditioned by age, developmental state, life experiences, sociocultural orientation, health, and available resources.

The related theory of self-care deficit specifies when nursing is needed. Specifically, nursing is required when a person is incapable or limited in the provision of effective self-care. Orem (2001) outlines five methods by which nurses might help including:

- Acting for and doing for others
- Guiding others
- Supporting others
- Providing an environment promoting personal development to meet future demands
- Teaching another

This study focused on ethnically diverse, urban, impoverished women who wished to prevent or manage already existing depression/anxiety. Thus, Orem's emphasis on prevention, control, and compensation for disease affecting one's life was fitting. Further, Orem stresses the need for knowledge to engage in self-care and the necessity of learning self-care behaviors in a socio-cultural context – a major objective of the intervention and precisely the teaching/learning environment that the research team attempted to create. Finally, Orem specifies five methods by which nurses might help persons of which guiding, supporting, providing an environment promoting personal development, and teaching were incorporated into the supportive/educative groups that comprised the intervention.

Four hypotheses directed this study. Women involved in a four month, six-session Women Supporting Women (WSW) group will experience a(n):

1. Increase in anxiety self-care knowledge.
2. Increase in depression self-care knowledge.
3. Reduction in symptoms of anxiety.
4. Reduction in symptoms of depression.

Methods

In 2002, a baccalaureate nursing program in the Mid-West designed a community based nursing curriculum and formed long-term partnerships with three urban, ethnically diverse, underserved, and impoverished neighborhoods. The ideological perspective of community based participatory research (CBPR) was used within the context of these community campus partnerships to drive nursing student learning experiences, faculty research, and community health improvement (Zandee et al., 2015). CBPR is a collaborative form of inquiry that emphasizes community partnership, shared power, enhanced community capacity, and joint research with the goal of improving the health of the community (Minkler & Wallerstein, 2008). The present study is a component of a long-term commitment to CBPR. Community assessment data within the partnering neighborhoods dating as far back as 2004 suggested that depression and anxiety were pressing issues in the partner neighborhoods. Door-to-door surveys conducted in the spring of 2009, 2010 and 2011 by community health worker (CHW)/nursing student teams indicated that neighborhood residents experienced sadness, nervousness, and hopelessness at greater levels than a national sample (Doornbos, Zandee, DeGroot, & Warpinski, 2013).

Using this data, the research team designed and implemented a qualitative study during 2010–2011 to listen to the voice of the neighborhoods concerning this disparity. Sixty-one women aged 18 to 69 years were recruited from three neighborhoods that are respectively predominately Black, Hispanic, and White. Data were collected via six focus groups. Two homogeneous focus groups, relative to race and gender, were held in each neighborhood. The women perceived anxiety and depression to be significant health concerns. They detailed their experiences with anxiety/depression and outlined the social determinants and effects of these mental health issues (Doornbos, Zandee, DeGroot, & De Maagd-Rodriguez, 2013). The women utilized a diverse set of coping strategies to live with the symptoms of anxiety and depression (Doornbos, Zandee, & DeGroot, 2012). The respondents used a unique array of community resources to manage mental health issues and encountered a variety of barriers to help seeking. There was a strong theme around desired new resources – education and support groups on depression/anxiety (Doornbos, Zandee, DeGroot, & Warpinski, 2013). As a component of CBPR, the research team returned to the partner neighborhoods in the spring of 2011 with preliminary results and a desire to explore further the use of support groups and education as a community driven solution to address depression and anxiety within the neighborhoods. Twenty-two of the women (36%) who attended the original focus groups attended these neighborhood meetings where they confirmed the research results and the need for supportive/educative groups within each community. The women then partnered with the research team in developing the details of program implementation. In the fall of 2011, twenty-seven women (44%) from the original focus groups attended a one session trial run of the intervention called Women's Night Out to provide additional feedback on program implementation. The purpose of the current study was to research the effectiveness of the finalized intervention called Women Supporting Women as a strategy to address depression and anxiety.

This study employed a quasi-experimental, nonequivalent comparison group pretest-posttest design (Polit & Beck, 2018). In the first year of the intervention, participants were recruited predominantly from the group of women who attended the focus groups. In subsequent years, a