Advancing Perinatal Mental Health in Afghan Communities: A Case-Based Learning Webinar for Refugee Health and Resettlement Professionals

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Minnesota Center of Excellence in Newcomer Health

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Learning Objectives

- Describe the prevalence, risk factors, and sociocultural determinants influencing perinatal mental health among Afghan women, with a focus on the impact of migration, trauma, and systemic barriers to care
- Identify at least two effective, evidence-based approaches to mental health screening and/or diagnosis
- Describe one way your organization could become more trauma-informed in care delivery

Today's Speakers

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Agenda

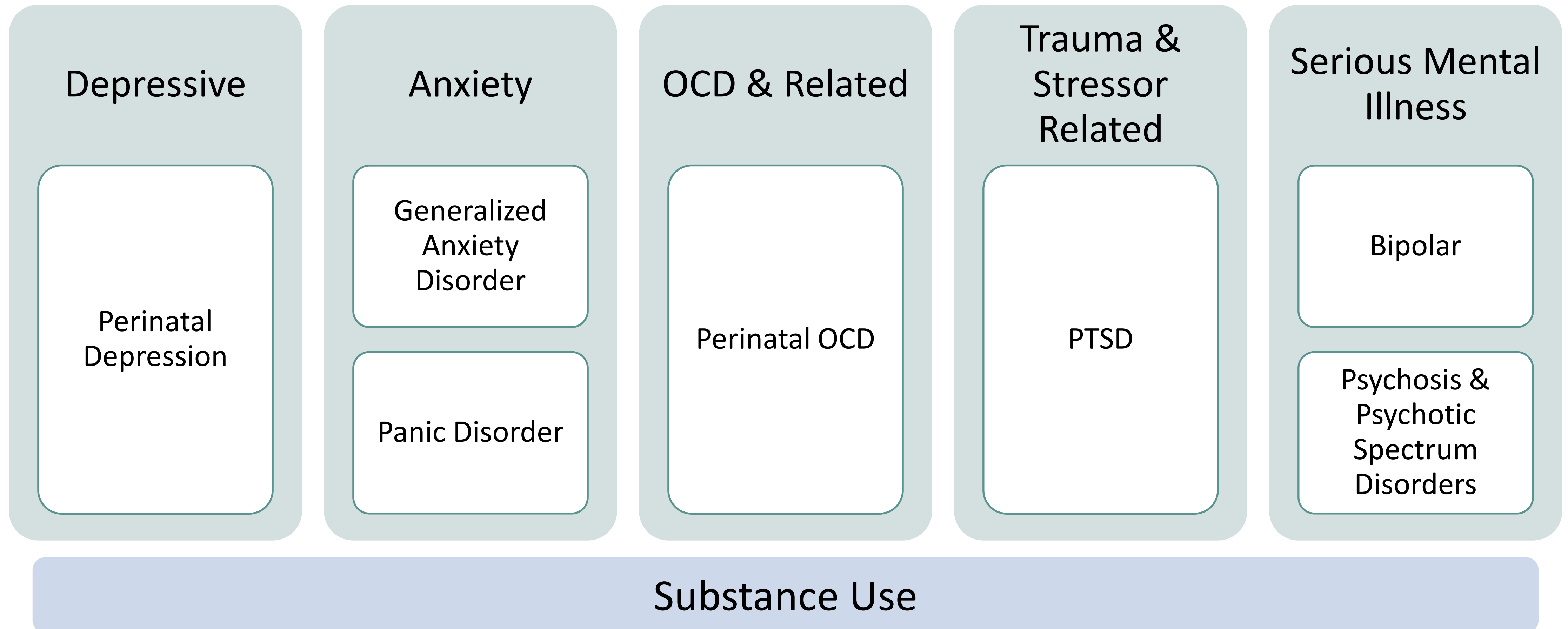
- Epidemiology of Perinatal Mood and Anxiety Disorders (PMADs)
- Case-Based Learning
  - Case Introduction
  - Initial Refugee Health Assessment
  - Prenatal Visit
  - Mental Health Appointment
  - Cultural Idioms of Distress
  - Treatment Approach
  - Follow Up

What are Perinatal Mood and Anxiety Disorders (PMADs)?

During Pregnancy

Postpartum

Perinatal Mental Health Conditions



Epidemiology of Perinatal Mood and Anxiety Disorders

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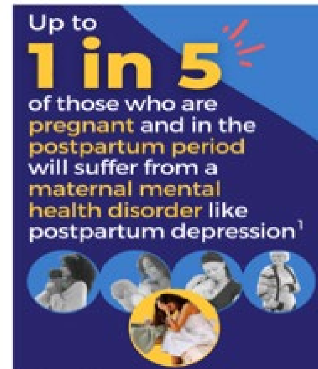
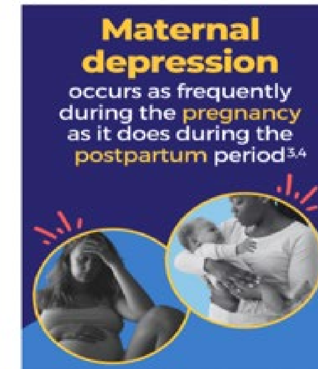
Perinatal Mental Health Disorders in the General Population





- Suicide and overdose combined account for 20% of maternal deaths in the US and are a leading cause of maternal mortality[1]
- Over 80% of these deaths have been deemed preventable[1]

Suicide Prevention Event — Maternal Mental Health Leadership Alliance: MMHLA (www.mmhla.org/suicide-prevention-event)

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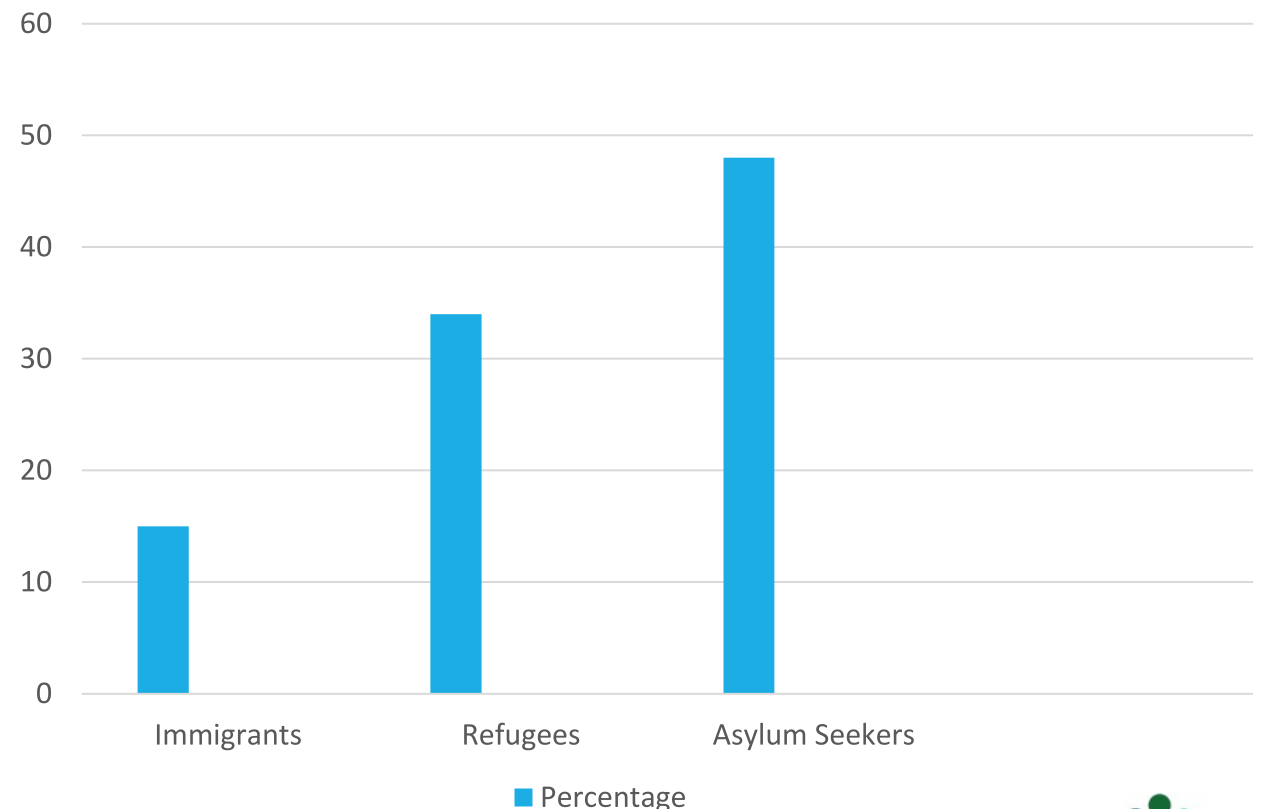
Perinatal Mental Health Disorders in Immigrants and Refugees

- Refugees and asylum-seekers have an increased risk of perinatal depressive symptoms
- Risk Factors for PMADs:
  - Lower socioeconomic status
  - Minority ethnicity
  - Low social support
  - Lack of proficiency in the host country language



(Anderson et al., 2017)

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Perinatal Mental Health Disorders in Afghan Populations

Identifying and treating maternal mental health difficulties in Afghanistan: A feasibility study

- 215 postpartum women between two health centers were screened with the PHQ-9
- 29% screened positive for suicidal ideation
- **65% scored positive for symptoms of depression (PHQ9 greater than 10)**

Immigrant Afghan women's emotional well-being after birth and use of health services

- Conducted in Melbourne, Australia
- Average perinatal depression prevalence is reported between 10% - 20% in HIC
- 39 participants
  - **31% scored as probably depressed (EPDS)**
- Social isolation and stressful life events contributed to symptoms
- Individuals who endorsed symptoms less likely to seek medical help than those who did not (25 vs. 70%)

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Risk factors/Barriers

Risk Factors:
- Traumatic experiences
- Life stressors
- Lack of social support/social isolation
- Marital Conflict
- Intimate Partner Violence (IPV)
- Uncertain immigration status
- Nutritional status of the infant

Hesitancy in seeking help:
- Discomfort seeking help
- Attributing mental health disorders to social context (separated from family, marital conflict, etc.)
- Health providers inability or reluctance to respond to women's concerns
- Fear of seeking help due to stigma

Barriers to accessing care:
- Transportation barriers
- Needing childcare
- Insurance coverage
- Stigma
- Limited culturally responsive providers
- Needing approval from family members
- Limited access to interpretation services
- Absence of community-based supports

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Case Introduction

Brief Intro to Afghanistan

- Landlocked country in Central Asia
- On the Silk Road
  - Very diverse in ethnicity, languages
  - Precious stones, weaving
- Major Ethnic Groups:
  - Afghan/Pashtun/Pakhtun/Pathan - Pashto
  - Tajik – Dari
  - Hazara – Hazaragi
- Many will know Pashto and Dari
- Can use Farsi resources for Dari-speaking Afghans but NOT for Pashto

https://www.worldometers.info/maps/afghanistan-map/

Major Events

- 1979 – Soviet Invasion
- 1989-1995 – Afghan Civil War – Rise of the Mujahideen
- 1995-2001 – Taliban takeover
- 2001-2023 – US military involvement after 9/11
- 2023-present – Taliban takeover

When seeing an Afghan family, assume they have been affected by trauma in some way.

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Jamila

Demographics

- This is 26-year-old, Afghan, Dari-speaking Jamila.
- Married to Hashmat
- 18-month daughter and 23 weeks pregnant with her second.
- She just arrived in the U.S. with her family
- Third generation Afghan affected by Soviet, Civil, and American wars

Medical History

- No miscarriages or previous losses
- First child born at 39 weeks
- Vaginal delivery in Pakistani Hospital
- Saw a physician for one prenatal visit in Pakistan at 15 weeks but had to leave shortly after

Migration Journey

- Afghanistan --> Pakistan --> U.S.
- Major stressors and trauma along the way
- Currently living with her husband and child
- No family or friends near them

Challenges and Symptoms

History	Trauma History	Reason for Leaving	Current Functioning	Daily Life
• Grandparents – Soviet Invasion • Parents – Civil War and US war	• Household violence • Lack of educational opportunities • Father murdered	• Husband's life threatened by Taliban – translator for US Military • Forced to leave school due to changes in leadership	• Good relationship with husband • He speaks English • Attends appointments with her	• Struggling financially – Hashmat is still looking for work • Do not own a car and public transportation can take hours • Still waiting for SNAP and WIC benefits to come through

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Initial Refugee Health Assessment

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What are the principles of trauma-informed care?

Following are recognized **core principles** of a trauma-informed approach to care that are necessary to transform a health care setting:

Safety

Throughout the organization, patients and staff feel physically and psychologically safe

Trustworthiness + Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust

Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery

Collaboration

Power differences — between staff and clients and among organizational staff — are leveled to support shared decision-making

Empowerment

Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma

Humility + Responsiveness

Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed

*(Adapted from the Substance Abuse and Mental Health Services Administration's **"Guiding Principles of Trauma-Informed Care."**)*

Trauma-Informed Care Implementation Resource Center
by the Center for Health Care Strategies
https://www.traumainformedcare.chcs.org/

What could help make the initial health assessment trauma informed?

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Jamila's Initial Refugee Health Assessment

- Jamila and her family meet with an FNP for their initial refugee health assessment.
- During the appointment, Jamila completes mental health screening with the Refugee Health Screener – 15 item in Dari

Refugee Health Screener – 15 Item

REFUGEE HEALTH SCREENER (RHS-15)

Instructions: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODER-ATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

Refugee Health Screener - 15 (RHS-15)
(www.refugeehealthta.org/wp-content/uploads/2012/09/RHS15_Packet_PathwaysToWellness-1.pdf)

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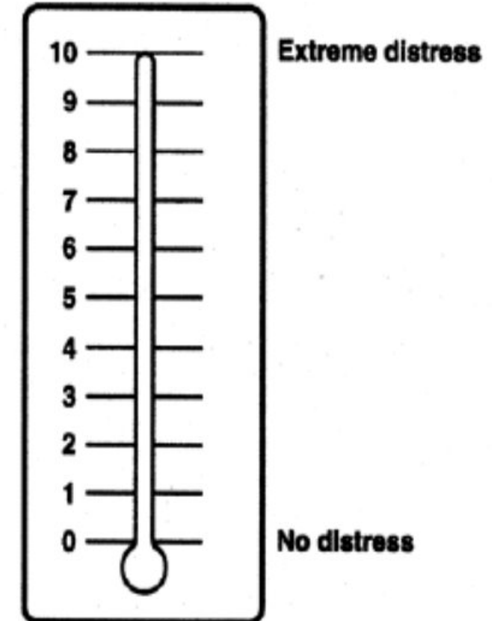
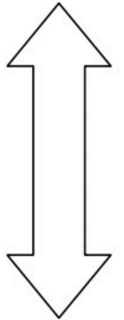
Refugee Health Screener – 15 Item

Distress Thermometer

FIRST: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



"I feel as bad as I ever have"



"Things are good"

14. Generally over your life, do you feel that you are:

Able to handle (cope with) anything that comes your way	0
Able to handle (cope with) most things that come your way	1
Able to handle (cope with) some things, but not able to cope with other things	2
Unable to cope with most things	3
Unable to cope with anything	4

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Screener is **Positive**

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OBGYN Appointment

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At the Apponitment

- Jamila meets with a CNM for her first prenatal appointment
- Her husband, Hashmat and her young daughter attend with her
- **Hashmat offers that he can interpret for the patient...**

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Poll: How would you respond to Hashmat's request to interpret for his wife?

a) Thank Hashmat for this kind offer and proceed with the appointment

b) Ask Jamila if this is ok with her. If she says yes, respect the family's wishes.

c) Thank Hashmat for his offer and inform the family that it is hospital policy that a medical interpreter is used for appointments.

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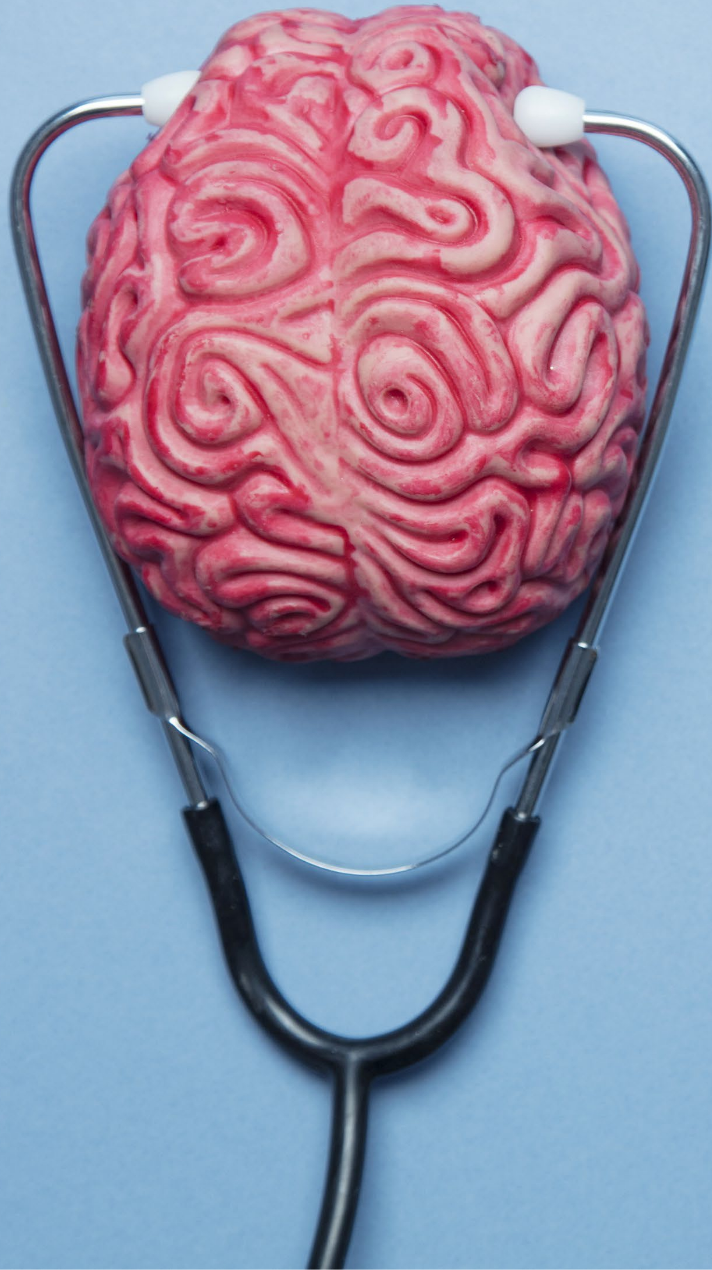

Mental Health Referral

- The CNM reviews the mental health screening from Jamila's first appointment
- She wants to better understand her current concerns and talk with her about a referral to a mental health clinician, she also only has 10 minutes until her next appointment.
- **How might she proceed?**

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Key Points for Offering a Mental Health Referral

- **Normalize** – Distress following refugee trauma and migration
- **Educate** – Provide psychoeducation on what mental health services are
- **Consent** – Obtain informed consent for referral
- **Clarify Next Steps** – Let patient know what to expect for next steps

Example Mental Health Referral Script

Mental Health Referral Script ***adapted*** from RHS-15 positive screening protocol:

(From your answers on the questions), it seems like you are having a difficult time. You are not alone. You have gone through so much. Lots of people with similar experiences feel sad, think too much, have bad memories, trouble sleeping, aches, or too much stress. It is hard being away from loved ones and trying to adjust to a new place. **(NORMALIZE)**

Sometimes people who are having these types of concerns find it helpful to get extra support from a social worker/therapist/doctor. This does not mean that something is wrong with them or that they are crazy. Sometimes people need help through a difficult time. If you are interested, I would like to connect you to a social worker/therapist/doctor. This is a type of healthcare professional you can meet with privately who will listen to you and provide help to manage stress. They are different from your case manager who helps with other needs like housing, food. **(EDUCATE)**

"Are you interested in being connected to these services?" **(ASK FOR CONSENT FOR REFERRAL)**

NO_____ YES_____

If YES: You can expect a call from the Immigrant and Refugee Health Center in the next few weeks. They will set up the appointment for you. When you meet with the social/worker/therapist doctor they will ask you more questions about how you have been feeling and review options for support, including meeting one on one or in a group with other people who are going through similar things. Do you have any questions about this? **(SHARE WHAT TO EXPECT FOR NEXT STEPS)**

If NO: Ok. If you decide you might like this type of support in the future, just let me know and I will connect you.

Mental Health Appointment

Assessment:
The What and How

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Overview of Appointment

- Assessment of Symptoms
  - Ask direct questions
    - Patient & Spouse
    - Patient alone
  - Observations
    - Mental Status
    - Grooming
    - Interaction with child(ren)
    - Interaction with spouse
- Treatment Planning and Discussion
  - Provide options for treatment
    - Medication and Psychotherapy

The How – Trauma-Informed Approach

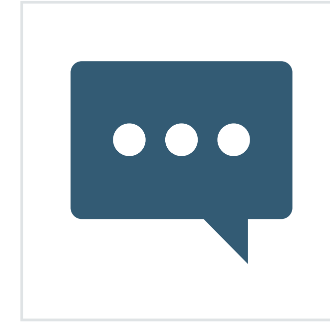
Use Rogerian techniques

Normalize – this is a common struggle among most perinatal people

Acknowledge – identify the challenges patient has overcome and acknowledge them

Validate – validate her emotions and worries.

Be genuine and be mindful of judgment



Create a holding environment

Use your voice to create safety

Listen carefully – what does she say and what does she NOT say

Use a soft smile and soft gaze as not to overwhelm

The What

Assessment of symptoms – utilizing DSM-5-TR

- Depressive Symptoms
  - EPDS – available in Farsi and Pashto
- Anxiety symptoms
- Trauma symptoms

Somatic Symptoms – taking culture into account

- Stomachache
- Headache
- Physical pain

NOTE: Need to determine what is typical for patient, specifically in context of Afghan culture

- Leaving the home – modesty or depression
- Cultural Formulation Interview – DSM-5-TR

ROLE OF CULTURAL IDENTITY

(Cultural Identity, Psychosocial Stressors, Religion and Spirituality, Immigrants and Refugees, Older Adults, Children and Adolescents)

	Sometimes, aspects of people's background or identity can make their [PROBLEM] better or worse. By ***background*** or ***identity,*** I mean, for example, the communities you belong to, the languages you speak, where you or your family are from, your race or ethnic background, your gender or sexual orientation, or your faith or religion.
Ask the individual to reflect on the most salient elements of his or her cultural identity. Use this information to tailor questions 9–10 as needed.	8. For you, what are the most important aspects of your background or identity?
Elicit aspects of identity that make the problem better or worse. *Probe as needed (e.g., clinical worsening as a result of discrimination due to migration status, race/ethnicity, or sexual orientation).*	9. Are there any aspects of your background or identity that make a difference to your [PROBLEM]?
Probe as needed (e.g., migration-related problems; conflict across generations or due to gender roles).	10. Are there any aspects of your background or identity that are causing other concerns or difficulties for you?

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Idioms of Distress

Understanding mental health in Afghan Women

- Increase in somatic symptoms associated with depression:
  - Bitter taste in mouth
  - Sense of darkness in front of their eyes
  - Dizziness
  - Labored breathing
- Idioms of distress:
  - *Ghamgeen* (sad)
  - *Ghosagiri* (social isolation)
  - *Asabi* (irritability or anger)
  - *Jigar khuni* (immediate reaction of grief or dysphoria)

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Assessment: The What Continued More Sensitive Topics (1/2)

- Suicidality
  - Normalize - "*Sometimes when people move to a new country, they feel overwhelmed and even feel like they want to die. Sometimes they even feel like killing themselves. Have you felt like this?*"
  - Medical problem - *"It's scary to have these thoughts, but you have a medical illness that can be treated"*

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Assessment: The What Continued More Sensitive Topics

Interpersonal Violence

- Husband will likely be present
- Ask for privacy from husband
  - Use clinic policy or medicine as an excuse
  - *"I understand that you want to be here with your wife. It is our clinic policy to also meet with our patients alone. We will have an interpreter who will join by phone."*
- Again, normalize and ask about the relationship
  - *"You've been through so much just trying to get here to a safe place. It can put a lot of strain on marriages. How would you describe your relationship with your husband? What do you do when he's angry? What do you do when you're angry?"*

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Group Check in: Jamila’s Symptoms

Nightmares and flashbacks

- Able to fall asleep but wakes up frequently due to nightmares and physical discomfort
- Nightmares about her father’s death and threats on her husband’s life

Anxiety about the pregnancy and whether the baby will be okay

- Hasn't seen a provider since Pakistan and was anxious about baby's wellbeing
- Doesn't feel reassured even after appt

Does not leave her home

- Feels exhausted and overwhelmed
- Afraid to leave by herself

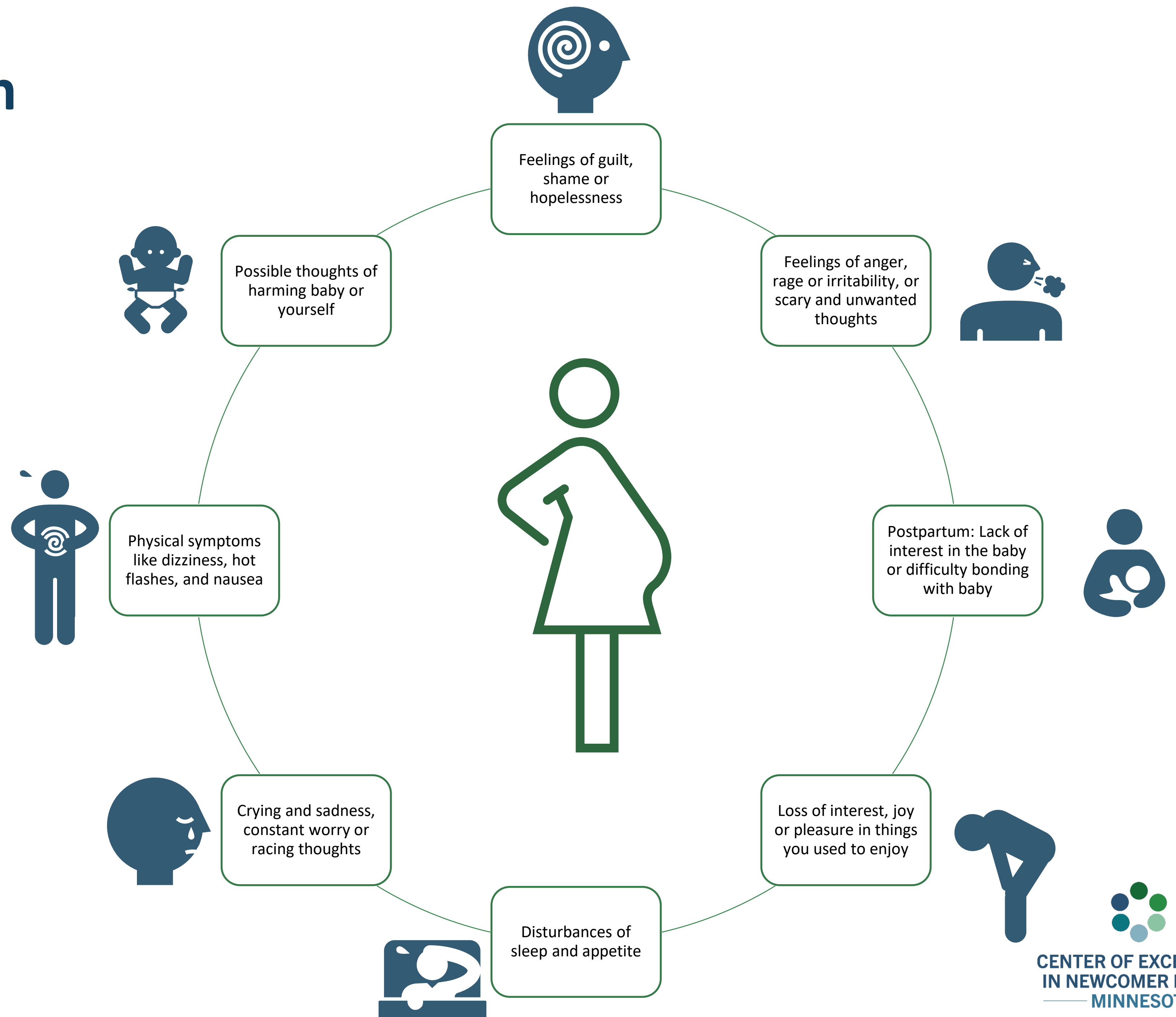
Day-to-Day Functioning

- Struggles with basic self-care
- Sleep disturbances
- Diminished appetite
- Struggling to take care of her daughter – relies on her husband
- No other help available

Diagnosis and Treatment Approach

Diagnostic Evaluation

- Depression
- Anxiety
- Panic Disorder
- Obsessive Compulsive Disorder (OCD)
- Trauma and Stressor Related Disorders
- Bipolar Disorders
- Psychosis



PSI POSTPARTUM SUPPORT INTERNATIONAL

https://www.postpartum.net/

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Transdiagnostic Treatment Principles

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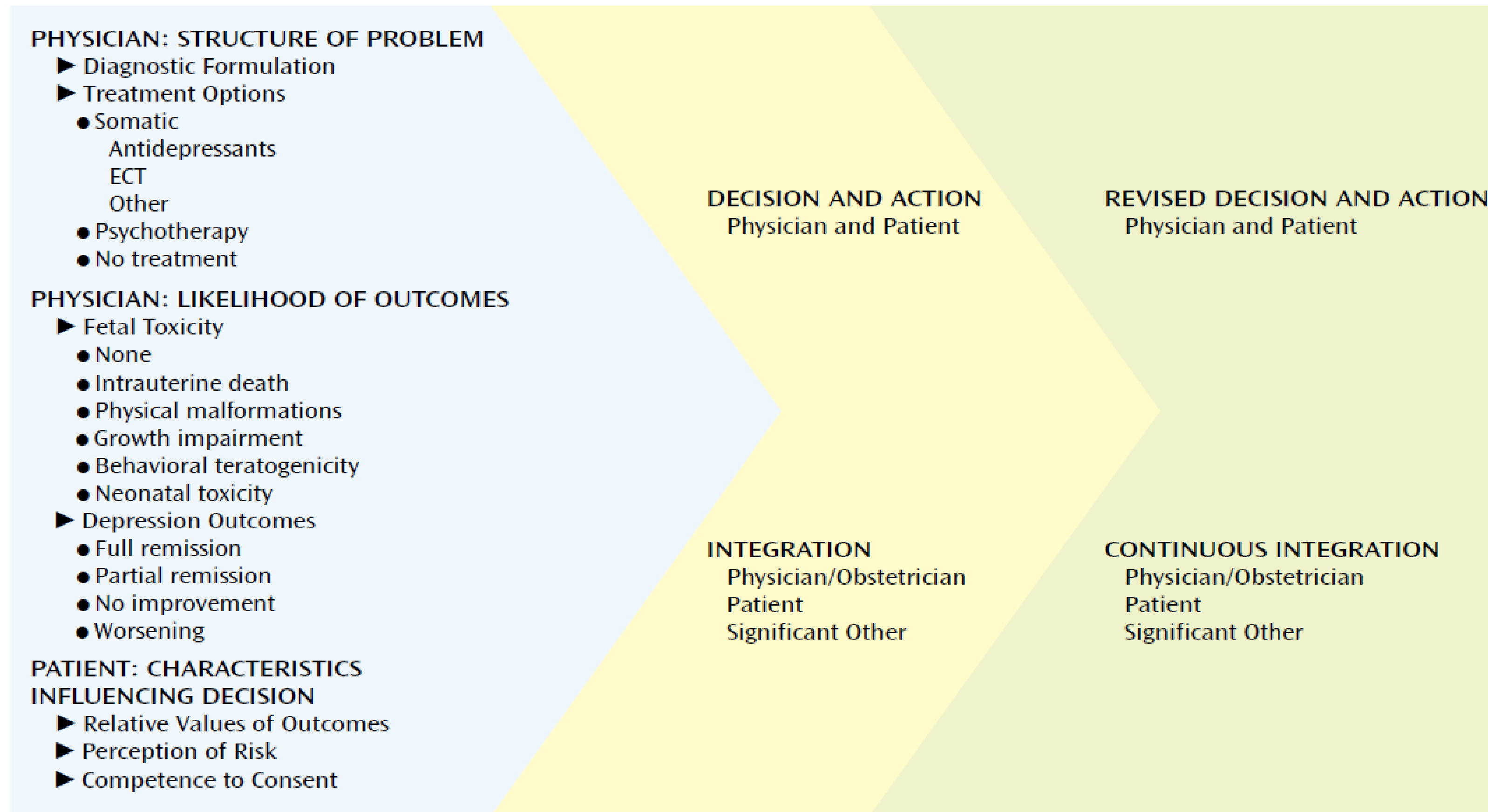
Framework for Medication Discussion in Pregnancy



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Jamila presents for a 3-month follow up

She is connected to group-based community support

Sertraline has been increased to treat mood and anxiety symptoms

Connected to narrative exposure therapy for treatment of PTSD

Connection to case management to assist with transportation

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Questions?

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CareRef

- CareRef is a tool that guides clinicians through conducting a routine post-arrival medical screening of a newly arrived refugee to the U.S.
- Output is based on the current CDC Domestic Refugee Screening Guidance.
- CareRef recommends screening tests and other preventive care based on the demographic and geographic factors that contribute to risk.

CareRef (https://careref.web.health.state.mn.us)

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Thank You!

Please remember to complete your evaluation

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