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Piecing the Puzzle: Identifying Adversity Factors Among Other Language Speaking Families at the Child Health Clinic (CHC)

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Background

- Families for whom English is not their primary language experience more barriers accessing appropriate physical and behavioral health care (Becker-Herbst et al., 2015).
- Children who live with Limited English Proficiency (LEP) parents are more likely to experience poorer health outcomes (Flores et al., 2005).
- Providing postpartum depression screening in a pediatric primary care setting can help identify depression among mothers and provide access to needed mental health resources (Talmi et al., 2009).
- Integrated care within pediatric clinics provides families that face barriers with access to comprehensive healthcare services (Talmi & Fazio 2012).

Project CLIMB

- Project CLIMB (**C**onsultation **L**iaison **I**n **M**ental Health and **B**ehavior) provides integrated behavioral health services to children and families in a pediatric primary care residency training clinic.

Objectives

- Identify language barriers that may affect administration and interpretation of the Edinburgh Postnatal Depression Scale (EPDS) among mothers that do not speak English or Spanish.
- Characterize adversity factors based on differences in families' preferred languages.

EPDS

- The **E**dinburgh **P**ostnatal **D**epression **S**cale is used to identify postnatal depression in mothers from birth until 4 months. The screener is available in English and Spanish but not in other languages.

Hypothesis

- Families that speak a language other than English and Spanish will have more barriers when screened with the EPDS because it is not available in their preferred language.

Methods

- This study utilized Electronic Medical Record Abstraction of data from 3/22/2010 to 8/22/2016 for patients seen at the Child Health Clinic (CHC). Electronic medical abstraction yielded: Demographic Information, Medical Information, and visit data.
- Patients (N=150) were demographically matched and grouped based on their preferred primary language of English (50), Spanish (50), and Other (50).
- Electronic medical records were abstracted and analyzed using Atlas.ti and descriptive analysis were done using SPSS.

Table 1: Demographics of Study Population N=150

	Frequency	Percentage
Mean Age		
English	89 days	
Spanish	32 days	
Other	8 days	
Gender		
Female	74	50 %
Male	76	49 %
Language		
English	50	33 %
Spanish	50	33 %
Other	50	33 %
Race		
Asian	20	13 %
Black/African American	33	22 %
Native Hawaiian/Other Pacific Islander	1	0.7 %
White	25	16 %
Other	63	42 %
More than one Race	4	2 %
Unknown/Not Reported	4	2 %
Ethnicity		
Hispanic or Latino	66	44 %
Not Hispanic or Latino	80	53 %
Not Reported/ Unknown	4	2 %

Results

Examples of EPDS Barriers Documented in Medical Record

"Mother of child reported that she had misunderstood the question on the EPDS and never had thoughts of wanting to hurt or kill herself"

"When asked about various items in the EPDS that mother of child had endorsed, she indicated (through the interpreter) that she had not fully understood all of the questions."

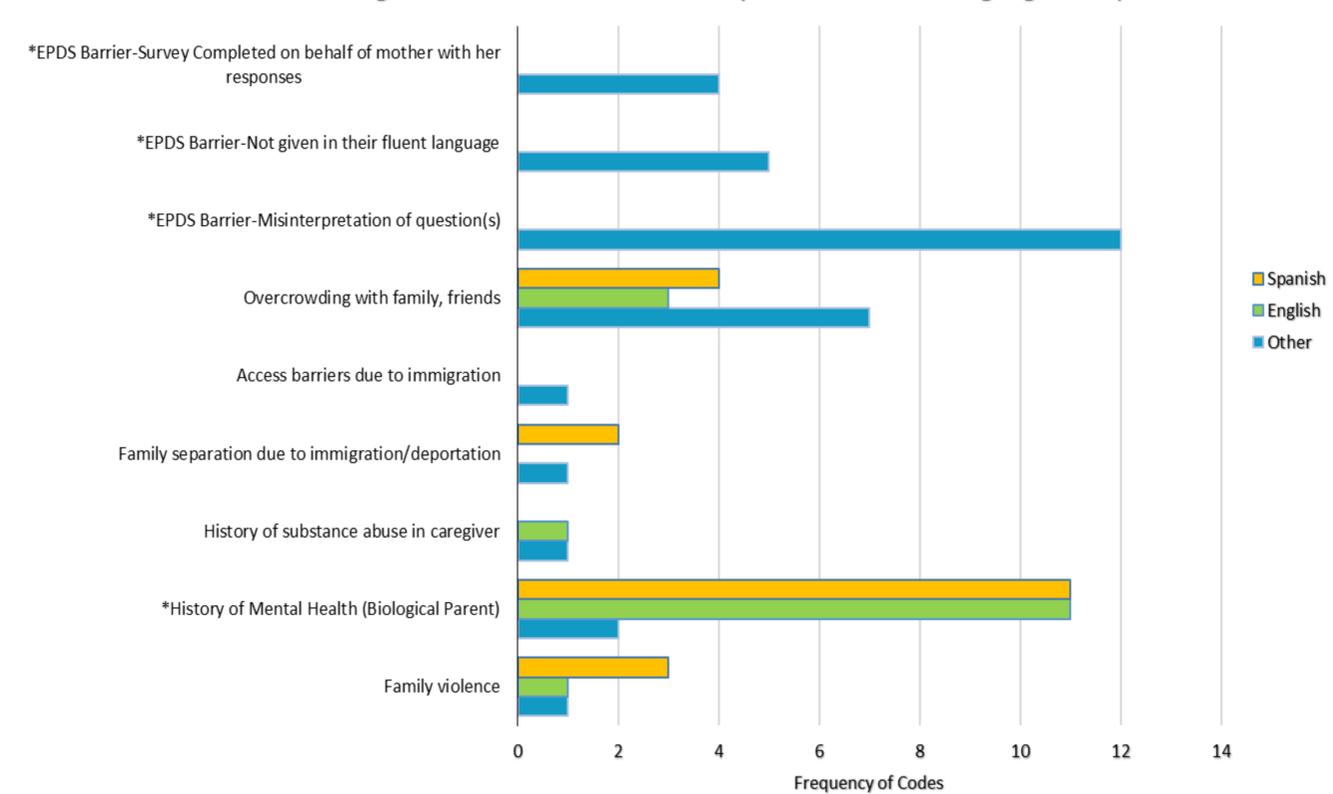
"Father of child explained he filled out the EPDS by asking mother of child the questions"

"Grandmother of child completed the EPDS for mother of child"

Table 2: Description of Adversity Codes

Adversity Code	Description of Code
Family Violence	Child has experience or witnessed domestic violence towards family members.
Family History of Mental Health	Family member(s) of the child have been diagnosed with a mental health disorder.
Family Substance Abuse	Child has been exposed to substance abuse, either currently, prenatally or in the past.
Family Separation	Family has experienced separation due to immigration, divorce, death, incarceration, or military deployment.
Housing Instability	The family has experienced homelessness and/or lived in a shelter during the past year. The family has had frequent moves in a year, and/or has had trouble paying rent, utilities, mortgage.
Edinburgh Postnatal Depression Scale (EPDS) Barrier	Barriers of this questionnaire include misinterpreting questions, not given in the mothers' primary language, and mother not completing the questionnaire (someone else completing on behalf of mother with her responses).

Figure 1: Environmental Adversity Factors in each Language Group



- Families in the Other language group have more barriers in completing the EPDS than English and Spanish groups (see Figure 1, p=0.00).
- Mothers in the Other language group had the EPDS completed on their behalf by other people more often than mothers in the English and Spanish groups (see Figure 1, p= 0.016).
- Families in the Other language group were not given the EPDS in their preferred language (see Figure 1, p= 0.006).
- Families in the English and Spanish groups reported a history of mental health more frequently than families in the Other language group (see Figure 1, p=0.024)

Conclusion

- Healthcare professionals in an integrated clinic are screening for postpartum depression among mothers. Yet, families in the Other language have more identified language barriers in EPDS screening than those in the English and Spanish speaking families, due to the screener only being available in English and Spanish.
- EPDS barriers were only found in the Other language group families. Not having a screener in the family's primary language is impacting administration of the screener.
- Mental health issues were more prevalent in English and Spanish groups than in the Other language group had less frequencies in this category.
- Families in the other language group reported having more housing instability than families in the English and Spanish groups.

Limitations & Future Directions

- A limitation of this study is the use of Electronic Medical Record Abstraction that is dependent on the quality of documentation by mental health and primary care providers at the time of the visit.
- Future studies should examine how language differences impact the prevalence of elevated maternal mood symptoms and the care provided by healthcare professionals with consideration for adversity factors specific to the language group.

References

- Becker-Herbst, R., Margolis, K.L., Millar, A. M., Muther, E. F., Talmi, A. (2016). Lost in Translation: Identifying Behavioral Health disparities in Pediatric Primary Care. *Journal of Pediatric Psychology*, 41(4), 481-491.
- Flores, G. (2005). The Impact of Medical Interpreter Services on the Quality of Health care: A systematic Review. *Thousand Oaks, CA: Sage Publications* 62(3), 255-299.
- Talmi, A., Fazio E.(2012). Commentary: Promoting Health and Well-being in Pediatric Primary care Settings: Using health and behavior codes at routine well-child visits *Journal of Pediatric Psychology*, 37(5), 496-502.
- Talmi, A., Stafford, B., Buchholz, M.(2009). Providing Perinatal Mental Health Services in Pediatric Primary Care. *Zero to Three*, 29(5), 10-16.

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