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An Exploration of the Strong Black Woman Schema and Perinatal Mental Health

by

Maima Fant

A Banded Dissertation in Partial Fulfillment
Of the Requirements for the Degree
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University of Saint Thomas
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Abstract

This dissertation composes three products that use intersectionality theory to examine the connections between the Strong Black Woman (SBW) schema and perinatal mental health disparities among Black and African American women. Implications for integrating a culturally responsive practice approach is presented.

The first scholarly work is a conceptual paper that explores intersectionality theory and the strong Black woman schema; specifically, Black and African American women's experiences with perinatal depression and maternal mortality. A correlation between untreated perinatal depression and adverse birth outcomes is presented within the context of maternal healthcare.

The second manuscript is a systematic review that examines culturally responsive mental health practice to treat Perinatal Mood and Anxiety Disorders (PMADs) among Black and African American women. Empirical data is presented on perceptions of mental health treatment and engagement among perinatal Black and African American women.

The third scholarship product is an overview of a peer-reviewed presentation titled *The Myth of the Strong Black Woman: Mental Health Disparities and Adverse Birth Outcomes in Pregnant African American Women* at the European Association of Schools of Social Work (EASSW) conference in Madrid, Spain. The overview includes implications for addressing cultural disparities in adverse birth outcomes by treating PMADs in Black and African American women through a culturally responsive assessment and treatment framework. A culturally responsive practice framework is presented as a model for practitioners and educators to apply to the current standards of social work practice. In addition, future research appears to be indicated

in the area of Perinatal Mental Health assessment and treatment among Black and African American women.

Keywords: intersectionality, strong Black woman schema, perinatal mood and anxiety, Black women and depression, perinatal depression, clinical social work, culturally responsive practice

Dedication/Acknowledgements

This dissertation is dedicated to my daughters, McKinley and Madison who have been my inspiration throughout this process. I also would like to thank my husband, Tyre for his love and support, there is no way I could have done this without you! To my mom and Stafford, my sisters and family, thank you for your love and encouragement. This banded dissertation is dedicated in loving memory of my dad, Emmett Metzger. Thank you to the University of St. Thomas faculty, especially Dr. Catherine Marrs Fuchsel and Dr. Kingsley Chigbu who have provided me with unwavering guidance and support.

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An Exploration of the Strong Black Woman Schema and Perinatal Mental Health

As compared to other developed countries, roughly 700 women in the United States die each year from pregnancy-related causes (CDC, 2020a). The Centers for Disease Control and Prevention (CDC) identifies pregnancy-related death as one that occurs between conception through the first postpartum year and the cause of death is related to or aggravated by pregnancy (CDC, 2020b). Research supports the claim that nearly half of pregnancy-related deaths are preventable and that obstetric hemorrhaging is among the most common cause and risk factors associated with a pregnancy-related death (CDC, 2020b). In addition, findings concerning racial disparities among pregnancy-related deaths are staggering. Black and African American women are three to four times more likely to die from a pregnancy-related cause than their White counterparts (CDC, 2020c).

Black and African American women across the socioeconomic spectrum are at greater risk for maternal mortality than any other ethnic group in the United States with 42.4 deaths per 100,000 live births (CDC, 2020b). When compared to American Indian/ Alaskan Native non-Hispanic Women have 30.4 deaths per 100,000 live births, Asian/Pacific Islander non-Hispanic women have 14.1 deaths and 11.3 deaths per 100,000 live births for Hispanic women (CDC, 2020b). Currently, there is a small body of empirical data concerning mental health disparities in Black and African American women in relation to pregnancy related deaths. Additionally, there is insufficient data regarding the Strong Black Woman (SBW) schema as correlated to perinatal mental health treatment disparities among Black and African American women.

According to the World Health Organization (WHO), between 10%-13% of women worldwide experience a mental health disorder during the perinatal period (WHO, 2020). Suicide

is identified as a prominent cause of death among pregnant and postpartum women, in addition to mood disorders that impact the wellbeing of both women and their children. Perinatal mental health treatment disparities are present around the world and pregnancy-related deaths caused by untreated mental health disorders have become both a public health and social justice issue (WHO, 2020). Social workers have an opportunity to influence change in the area of Perinatal Mood and Anxiety Disorder (PMAD) treatment disparities and pregnancy-related death through social work education and practice at the micro, mezzo, and macro levels.

The first product of this banded dissertation is a conceptual paper in which I analyzed maternal mortality and perinatal depression among Black and African American women by utilizing the intersectionality theoretical framework and the SBW schema. I argued that there was a causal relationship between perinatal depression treatment disparities among Black and African American women and maternal mortality rates which signifies that our current system is not adequately incorporating a culturally responsive approach to treating the physical and mental health needs of perinatal Black and African American women. The second academic contribution is a systematic review in which I explored the relationship between culturally responsive service models and Black and African American women's engagement in perinatal mental health treatment. Findings from peer reviewed articles, which met inclusion criteria, showed a strong correlation between successful treatment outcomes for Black and African American women engaged in services that incorporated a culturally responsive approach. The third product is peer-reviewed presentation titled *The Myth of the Strong Black Woman: Mental Health Disparities and Adverse Birth Outcomes in Pregnant African American Women* at the European Association of Schools of Social Work (EASSW) conference in Madrid, Spain.

This banded dissertation uses intersectionality theory and the Strong Black Woman schema to examine the connection between gendered racism and perinatal mental health disparities among Black and African American women. The theoretical framework of intersectionality is the lens through which the Strong Black Woman (SBW) schema and Perinatal Mood and Anxiety Disorders (PMADs) in Black and African American women is conceptualized. The SBW schema sheds light on the historical social identity of Black womanhood and the societal veil it creates which silences the pain and suffering of Black and African American women, from conception through the first postpartum year.

Conceptual Framework

The conceptual frameworks grounding this banded dissertation are intersectionality theory and the Strong Black Woman (SBW) schema. Intersectionality provides a framework to understand how social identity influences experiences of privilege, discrimination, and oppression (Bowleg, 2012). The SBW schema is utilized to understand how the internalization of strength in Black womanhood can potentially manifest itself as psychological distress. This strength narrative has origins in slavery and has since been adopted by Black and African American women as a source of empowerment and pride. The SBW schema is a culturally specific term and social construct that Black and African American women have internalized to overcome oppression (Watson-Singleton, 2017). When intersectionality theory and the SBW schema are considered, they complement each other in explaining the mechanisms that contribute to PMAD treatment disparities in Black and African American women. This banded dissertation presents evidence to support the correlation between discrimination, internalized perceptions of strength, and PMAD symptomology in Black and African American women.

Summary of Banded Dissertation Products

An Exploration of the Strong Black Woman Schema and Perinatal Mental Health banded dissertation is comprised of three products that explore the Strong Black Woman schema, intersectionality, and Perinatal Mood and Anxiety Disorders in Black and African American women. The conceptual paper incorporates intersectionality theory and the Strong Black Woman schema to understand the benefits of utilizing culturally responsive practice approaches to reduce mental health treatment disparities. The notion of strength has historically been a source of empowerment for Black and African American women; however, these ideals also perpetuate a superhuman state of being that promotes enduring chronic physical and emotional pain on their own. This first product strives to address the correlation between untreated mental health conditions in perinatal Black and African American women and the occurrence of high maternal mortality rates.

Incorporating a culturally responsive paradigm to existing perinatal mental health screening tools such as the Edinburgh Postnatal Depression Scale (EPDS) and the Patient Health Questionnaire (PHQ-9) would offer a breadth of information that the current state of these tools alone does not offer. Healthcare providers have an opportunity to utilize the theory of intersectionality and the SBW schema as an alternative means to measure stress-related symptoms in the perinatal mental health screening and assessment process. In addition, a culturally responsive practice framework can potentially serve as a preventative measure to adverse birth outcomes because of its foundation in trauma-focused and client-centered approaches, which allow for an extensive examination of Black and African American women's lived experiences.

The second product is a systematic review that examines the relationship between culturally responsive service models and Black and African American women's engagement in

perinatal mental health treatment. An intersectionality theoretical framework integrates the concept of gendered racism to understand perinatal mental health disparities among Black and African American women (Walton & Oyewuwo-Gassikia, 2017). This research is timely since the topic of maternal mortality among Black and African American women has received national attention through recent birth and postpartum experiences of high-profile women and their families. In light of this, there have been changes to national policy, in particular, the United States presented the bipartisan bill H.R.1318, *Preventing Maternal Deaths Act*, which was signed into law in December of 2018.

The third product is an overview of a peer-reviewed presentation titled *The Myth of the Strong Black Woman: Mental Health Disparities and Adverse Birth Outcomes in Pregnant African American Women* at the European Association of Schools of Social Work (EASSW) conference in Madrid, Spain. The overview includes an analysis of the data from the conceptual paper and implications for addressing cultural disparities in adverse birth outcomes by treating PMADs in Black and African American women through a culturally responsive framework. This poster presentation integrates intersectionality theory, the Strong Black Woman schema, and a culturally responsive framework to address PMADs in Black and African American women. In the presentation, participants were informed of historical context behind the SBW schema and the potential for psychological distress associated with endorsing it. Furthermore, a correlation was made to practices of screening and treatment of mental health conditions for perinatal Black and African American women and current PMAD treatment disparities within this population.

Discussion

This banded dissertation utilized intersectionality theory and the Strong Black Woman (SBW) schema to discuss perinatal mental health treatment disparities and maternal mortality

among Black and African American women. A conceptual manuscript describes the correlation between gendered racism and perinatal depression and the systematic review examining the relationship between culturally responsive service models and Black and African American women's engagement in perinatal mental health treatment. Findings from these two products were integrated into a poster presentation at an international peer-reviewed conference in Madrid, Spain. The conceptual paper included a culturally responsive framework for assessing and treating Perinatal Mood and Anxiety Disorders (PMADs) by incorporating concepts of intersectionality, the SBW schema and the social determinants of health. Through the utilization of this framework, providers would be able to offer a client-centered and trauma-informed approach to mental health treatment.

This banded dissertation's research supports the notion of a culturally responsive approach to assessment and treatment because findings suggest a strong correlation to successful treatment outcomes among perinatal Black and African American women engaged in some type of culturally responsive program or modality. Providers in maternal healthcare have an opportunity to incorporate a culturally responsive approach into practice that has the potential to be highly effective. When considering the engagement of mental health treatment, Black and African American women were more engaged and had the lowest rate of early treatment termination when participating in a coordinated perinatal mental health care program that is rooted in intersectionality theory (Stevens, 2018).

The first product is a conceptual manuscript that introduces the conceptual framework of intersectionality and the SBW schema to understand the symptomology and presentation of perinatal depression among Black and African American women. In addition, the epidemic of maternal mortality in America is explored and data is presented to illustrate the vast disparities in

maternal mortality across racial and ethnic lines. The research findings from this systematic review identified that Black and African American women experience PMADs at high rates and are unlikely to receive mental health treatment. The poster presentation illustrates the connection between maternal mortality and untreated PMADs with a culturally response framework to address disparities experienced among Black and African American women.

Intersectionality theory was chosen as the conceptual framework for this banded dissertation due to the primary subgroup of focus is perinatal Black and African American women. This conceptual framework is closely aligned with the National Association of Social Workers (NASW) code of ethics that identifies the importance of human relationships, the dignity and worth of a person, and competence (NASW, 2018). The NASW also developed Standards and Indicators of Cultural Competence in Social Work Practice that include; self-awareness, cross-cultural knowledge, and empowerment and advocacy (NASW, 2018). When the topic of maternal mortality and perinatal mental health disparities are considered, it is imperative to identify how the social work profession considers it our ethical obligation to address these issues within our practice.

Implications for Social Work Education

Culturally responsive approaches to practice is empirically validated as effective in working with historically marginalized and oppressed groups (Stevens, 2018). When considering the needs of perinatal Black and African American women, both physical and mental health must be considered. Within the context of the social work profession and education, a culturally responsive practice framework can be utilized as a model for practitioners and educators to apply to the current standards of practice and has the potential to enhance our practice effectiveness with marginalized or historically oppressed groups.

When the graduate educational competencies instituted by the Council of Social Work Education (CSWE) are considered, the Education Policy and Accreditation Standards (EPAS) highlight the importance of cultural responsiveness through the identification of teaching students how to engage with diversity and difference in practice (CSWE, 2015). Furthermore, as a profession rooted in competency-based education, it is imperative that social work educators engage students in all facets of what comprises competency, this includes knowledge, values, skills, and cognitive and affective processes (CSWE, 2015).

This banded dissertation utilized empirical data that examined the experiences of Black and African American women during the perinatal period, most of whom were also experiencing social injustices that confounded their disparities in maternal healthcare. As a profession, we are poised to address the maternal health crisis for Black and African American women at all levels, therefore this phenomenon is conceptualized from a generalist perspective through policy initiatives and intervention protocols at the micro, mezzo, and macro levels.

Implications for Future Research

Currently, there is very limited empirical data available on perinatal mental health treatment and maternal mortality among Black and African American women. There are implications for more research needed in the area of the effectiveness of culturally responsive PMAD treatment in Black and African American women across the socioeconomic spectrum. The majority of the empirical data utilized for this banded dissertation, was focused on low-income, Black and African American women, however, the maternal mortality rates suggest no correlation to socioeconomic status when disparities are considered. This means, there is a gap in our understanding of how Black and African American women across the socio-economic spectrum experience PMADs and their mental health treatment outcomes. Ongoing research on

the efficacy of a culturally responsive approach to the prevention of PMADs and reducing maternal mortality appears to be indicated as well.

Intersectionality theory and the SBW schema can provide a lens to conceptualize the physical and psychological needs of Black and African American women and can inform the utilization of culturally responsive practices across disciplines. The underserved population of Black and African American women are one example of a marginalized group in our American society that needs continued scholarly attention and resources. The outcomes of new findings and empirical data has the potential to make a significant impact on the lives of Black and African American women and their families.

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The Strong Black Woman: Perinatal Mental Health and Maternal Mortality

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Abstract

This conceptual paper explores maternal mortality and perinatal depression among Black and African American women. The theoretical framework of intersectionality and the Strong Black Woman (SBW) schema examines race, class, and gender discrimination as contributing factors to perinatal depression among Black and African American women. The SBW schema is explored within the context of perinatal depression symptomology to understand the presentation of emotional suppression, stress, and self-sacrifice. A literature review presents empirical findings that suggest an association between the Strong Black Woman (SBW) schema, psychological distress, and maternal mortality among Black and African American women.

Keywords: intersectionality, strong Black woman, perinatal depression, perinatal mood and anxiety disorders, cultural humility, clinical social work, racial disparities, postpartum depression

The Strong Black Woman: Perinatal Mental Health and Maternal Mortality

According to the Centers for Disease Control and Prevention (CDC) in the United States, about 700 women die each year from pregnancy or delivery related complications. Data collected by the CDC between 2011 and 2013 reported that Black and African American women are three to four times more likely to die of pregnancy related causes than their White counterparts. Based on empirical findings, Black and African American women across the socioeconomic spectrum are at greater risk for maternal mortality than any other ethnic group in the United States (CDC, 2018).

This conceptual paper explores the incidence of perinatal depression among Black and African American women and its impact on adverse birth outcomes, specifically maternal mortality. In addition, intersectionality theory and the Strong Black Woman (SBW) schema will further define the experience of gendered racism and systems of oppression within maternal health care (Bowleg, 2012). A correlation between maternal mortality rates among Black and African American women and perinatal depression is presented alongside a culturally responsive model of maternal health care.

Historically, the SBW schema represented a source of empowerment and resilience for Black and African American women yet; this has also perpetuated the notion that their pain and suffering is not seen nor heard by our society. Therefore, Black and African American women are experiencing vast disparities in maternal health care and its costing them their lives (CDC, 2018). According to Donovan & West (2015), the SBW schema is a widely held value and belief system that has been passed down over generations through the socialization of Black and African American girls. The notion of strength in Black womanhood is deeply rooted in Black culture and identity. Throughout history, Black and African American women have assumed the

roles of mother, nurturer, and breadwinner out of both social and economic necessity due to racism, oppression, disenfranchisement, and limited resources (Woods-Giscombé, 2010).

Currently, perinatal Black and African American women are more likely to experience a pregnancy related death due to preventable causes compared to White women (Louis, Menard, & Gee, 2015). Preventable causes in maternal mortality include; underlying medical conditions such as hypertension, eclampsia, and hemorrhage (CDC, 2018). Concerning perinatal mental health, the risk for physical health complications during pregnancy and childbirth are increased when mental health disorders are not treated. It is imperative that providers engage in culturally responsive practices to adequately meet the physical and mental health needs of Black and African American women.

At this time, there is limited empirical data to confirm the correlation between perinatal depression and maternal mortality among Black and African American women. This conceptual paper explores perinatal depression in relationship to the maternal mortality rates among Black and African American women. Information is presented to distinguish the correlation between the SBW schema, psychological distress, and maternal mortality in Black and African American women. Recommendations for the integration of culturally responsive practices are discussed, in conjunction with social policy and social work education implications.

Theoretical Framework: Intersectionality

Prior to 1977, race-only or gender-only terminologies defined the social injustices that characterized Black women's lives, we now understand that race, class, and gender collectively shape the experiences of Black and African American women (Collins, 2015). Kimberlé Crenshaw first coined the term, intersectionality, in the 1980's and defined intersectionality as a provisional concept to demonstrate the inadequacy of approaches to which separate systems of

oppression could isolate and focus on one social identity, while occluding the others (Carastathis, 2014). Intersectionality is a framework through which multiple social science disciplines examine the correlation between discrimination, oppression, and social identities. Within the context of maternal mental health, Black and African American women who endorse the SBW schema are highly likely to experience depressive symptoms (Abrams, Hill, & Maxwell, 2018). One approach to addressing disparities for Black and African American women in health care is to incorporate culturally responsive practices that consider notions such as the SBW schema and gendered racism.

According to Donovan & West (2015), findings support the correlation between the SBW schema, impaired coping with psychological distress, and negative mental health outcomes. Social work scholars and educators have an opportunity to incorporate culturally responsive practice into implicit and explicit curriculum in social work education. An orientation around cultural humility serves as a precursor to culturally responsive practice and can encourage client-centered practice, clinician self-awareness, and acknowledgement of the power differential within the client-clinician relationship (Ortega, 2011; Tervalon & Murray-García, 1998). The combination of intersectionality and cultural humility in clinical social work practice creates a space for Black and African women to be seen and heard within the context of their healthcare, which can influence the detection of perinatal depression and outcomes for maternal mortality.

As the population in the United States continues to grow more culturally diverse, the need for culturally responsive health care is imminent. Social workers are in a crucial position to utilize their role in healthcare to understand that Black and African American women are living with intersecting social identities that deserve to be acknowledged and incorporated into their care. Everett, Hall, & Hamilton-Mason (2010) discuss the importance of understanding the

triangulation of race, class and gender and their contribution to Black and African American women's psychological distress. Intersectionality provides a language in which one can begin to unpack and understand the unique experiences of Black and African American women. Racism and sexism influence socioeconomic status, access to resources and support for Black and African American women (Everett et al., 2010). When the risk for perinatal depression is considered, the need to assess causes of psychological distress among Black and African American women becomes an ethical responsibility of the provider. This is due to the risks associated with untreated mental health disorders and potential harm to one's physical health.

As an African American woman and mental health clinician, it is important that I acknowledge my own lived experiences in relation to maternal health, the SBW schema and perinatal depression. As a first-generation daughter of Liberian immigrants, I consider my cultural identity to be both African and American. In my career as a clinical social worker, I have treated perinatal mood and anxiety disorders among women across the socio-cultural spectrum, including Black and African American women. My clinical background and cultural identity informed my decision to utilize intersectionality theory and the SBW schema to conceptualize perinatal depression and its correlation to maternal mortality rates among Black and African American women.

Literature Review

In review of the literature, a correlation between perinatal depression in Black and African American women and maternal mortality outcomes are explored. It is the ethical obligation of the social work practitioners to provide effective assessment and treatment to clients across the socio-cultural spectrum, in particular those at risk for adverse health outcomes. The epidemic of maternal mortality in Black and African American women presents an

opportunity to explore how intersectionality and a culturally responsive practice approach is incorporated into social work practice to improve maternal health outcomes. There is however, limited empirical data available regarding this phenomenon; therefore, more research in this area appears to be indicated.

Perinatal Depression

In this section, the consequential impacts of perinatal depression on maternal mortality in perinatal Black and African American women are explored. The focus is on the prevalence of perinatal depression, specifically with the intent to imply that comorbid mental health disorders such as anxiety, post-traumatic stress disorder and psychosis, may also exist. The definition of perinatal depression identifies the experience persistent depressive symptoms and psychological distress from the time of pregnancy through the first postpartum year. According to Lusskin, Pundiak, & Habib (2007), a woman is most likely to experience perinatal depression specifically, during the second trimester of pregnancy and during the postpartum period.

According to Lara-Cinisomo, Clark, & Wood, (2018) twelve to nineteen percent of women in the United States experience perinatal depression. Black and African American women experience perinatal depression at an estimated rate of seven to twenty-eight percent. For example, according to a 2012 study, Black and African American women who self-reported experiencing racial discrimination in their lifetime were more likely to experience depressive symptomology during pregnancy (Ertel, James-Todd, Kleinman, Krieger, Gillman, Wright, & Rich-Edwards, 2012). Furthermore, Black and African women who reported racial discrimination more readily, were of a higher socioeconomic status however, women of a lower socioeconomic status were more likely to be negatively impacted by racial discrimination (Ertel et al, 2012).

Consequently, both racial discrimination and socioeconomic status may be contributing factors to help-seeking behaviors by Black and African American women for perinatal depression. For example, research findings confirm the prevalence of perinatal depression in minority women and correlations to income, relationship status, and unintended pregnancy with symptoms associated with depression (Rich-Edwards et al., 2006). Further investigation suggests growing disparities in the diagnosis and treatment of perinatal depression across socio-cultural groups and that Black and African American women are less likely to seek perinatal mental health support or treatment than their White counterparts (Leis, Mendelson, Perry, & Tandon, 2001; Louis, Menard, & Gee, 2015). When racial discrimination has been experienced, the likelihood of seeking medical help or compliance with treatment is low (Mouzon, Taylor, Woodward, & Chatters, (2017).

Of the most commonly diagnosed perinatal mood and anxiety disorders (PMADs), perinatal depression is the most prevalent (Keefe, Brownstein-Evans, & Rouland-Polmanteer, 2016). Black and African American mothers make up a large percentage of women suffering from perinatal depression and yet are the least likely to pursue or receive mental health treatment. For example, Lara-Cinisomo et al., (2018) report that factors such as mental health disorder stigma, economic hardship, negative perceptions of psychotherapy, and presenting with somatic symptoms such as physical complaints, contribute to the inadequate detection and treatment of perinatal depression in pregnant Black and African American women. In addition, lack of trust, long waiting lists, and perceptions of judgement by the healthcare provider present as barriers to treatment in the instance that Black women are diagnosed with perinatal depression (Leis et al., 2011).

Maternal Mortality and Morbidity

In the United States and abroad, Black and African American women have the highest rates of maternal mortality (Holdt, Somer, Sinkey, & Bryant, 2017). According to Main (2010), the ratio of maternal deaths over live births is commonly called the maternal mortality ratio or MMR. A majority of maternal deaths are most likely avoidable (Berg, Callaghan, Henderson, & Syverson, 2011) however; in the United States, the MMR continues to rise (Main, 2010). Historically, the CDC managed a pregnancy mortality surveillance system that steadily reported low or declining MMRs (Berg et al., 2011). The *International Classification of Diseases, tenth revision* (ICD-10) has replaced the use of the pregnancy mortality surveillance system and has been able to more widely identify pregnancy-related deaths in the United States due to its enhanced documentation and new case definitions to capture pregnancy-related mortality more accurately (Louis et al., 2015).

The cause of maternal death is not typically associated to a singular event but rather through multiple contributors such as medical care limitations, chronic health conditions, genetic predispositions, socio-economic status and environmental exposures (Main, 2010; Berg et al., 2011). Some common conditions associated with maternal mortality and morbidity are, obstetric hemorrhage, hypertensive disorder, and cardiovascular or cardiomyopathy conditions (Berg, et al., 2011; Holdt Somer, Sinkey, & Bryant, 2017). Maternal mortality is complex and directly associated with health care quality and access. Therefore, solutions to address the epidemic of maternal mortality and morbidity in Black American women will need to be multidimensional.

Intersectionality

In 2012, published findings from two prospective cohort studies examined the relationship between perceived racial discrimination and prenatal depressive symptoms and the idea that higher levels of perceived racial discrimination over a lifetime contributed to elevated

levels of depressive symptoms in U.S. Black women during pregnancy were presented (Ertel et al., 2012). This study also found a correlation between the self-reporting of racial discrimination and socio-economic status (Ertel et al., 2012). For example, women of lower socio-economic status had fewer self-reports of racial discrimination due to internalized oppression and social desirability (Ertel et al., 2012). Additionally, racial discrimination influences psychological distress more than non-racial discrimination (Mouzon, Taylor, Woodward, & Chatters, 2017). Therefore, when examining the social identity of Black and African American women, the endorsement of the SBW schema appears to be a contributing factor of psychological distress.

Jackson, Rowley, & Owens (2012), presented a cross-sectional study on pregnant, well-educated, Black American women and the impact of stress and depression rates. This study found that chronic exposure to stress related to race and gender were contributing factors in the health disparities and poor birth outcomes in Black and African American women (Jackson et al., 2012). The authors assert one prominent factor for depression in pregnant Black and African American women is this notion of strength, which is an internalized as well as externalized expectation (Jackson et al., 2012). The findings of this study confirms the prevalence of maternal mortality and its correlation to reported psychological stress in pregnant Black and African American women.

The Strong Black Woman Schema

In review of the literature on the SBW schema, studies have examined the correlation between the strong black woman/superwoman role and its influence on reports of stress among Black and African American women. Within the cultural context, the endorsement of strength in Black womanhood is an indicator of increased risk for psychological distress among Black and African American women (Woods-Giscombé, 2010; Copeland & Butler, 2007). According to

Abrams et al. (2018), because of intersectional oppression, Black and African American women have learned to maintain a presence of strength while simultaneously internalizing their experience of psychological distress as a common expectation of Black womanhood. These notions are potential risk factors for the prevalence of perinatal depression among Black and African American women. Understanding the notion of the SBW schema can offer maternal health providers insight into practices that could contribute to the effective assessment and treatment of perinatal depression among Black and African American women (Lara-Cinisomo et al., 2018).

Copeland & Butler (2007) present a modified behavioral model of access to health services originally developed in the 1960's. Its intention was to address disparities for Black and African American women concerning access and treatment for mental health disorders. Within the socio-cultural framework, utilization of mental health services, quality of care and racism are what the authors acknowledged are barriers to mental health treatment for Black and African American women (Copeland & Butler, 2007). Implications suggest a need for our American maternal health care system to be more culturally responsive to the unique needs of Black and African American women, especially when there is a high incidence of maternal mortality if physical and psychological disorders go untreated. Furthermore, when one considers the implications for increased risk of adverse birth outcomes, such as maternal mortality, there is a prominent need to address the prevalence of systemic oppression and discrimination within the healthcare system.

Cultural Humility

The social work profession is poised to address the incidence of untreated perinatal mental health conditions in Black and African American women by supporting healthcare

practices and policies rooted in cultural humility. According to Ortega (2011), an implication for cultural humility in social work is to include both a multicultural and intersectionality framework into practice. In order to improve the assessment and treatment of perinatal depression in Black and African American women, a culturally responsive systematic method of assessment could be an effective approach. Lewis-Fernández & Díaz (2002) present the Cultural Formation (CF) model as a means to supplement a standard biopsychosocial evaluation for mental health disorders (Lewis-Fernández & Díaz, 2002).

“The five components of the CF model includes the cultural identity of the client, cultural explanations of the client’s illness, cultural factors related to the psychosocial environment and levels of functioning, cultural elements related to the client-clinician relationship, and overall cultural assessment for diagnosis and care” (Lewis-Fernández & Díaz, 2002, p 271). Using an approach that incorporates these components offers an in-depth assessment that prioritizes the client experience within the cultural context. The component of the client-clinician relationship is mirrored in cultural humility practices and its focus on addressing bias and power differentials within the therapeutic relationship. An infusion of cultural humility, intersectionality, and the SBW schema are the foundational concepts to which this author developed an assessment framework for clinical social work practice.

Discussion

This conceptual paper explored the incidence of perinatal depression among Black and African American women and its correlation to maternal mortality outcomes. An exploration of intersectionality theory and the SBW schema was discussed in the literature review to illustrate its impact on perinatal depression among Black and African American women. This author proposed a culturally responsive practice model to assess and treat perinatal depression amongst

Black and African American women. A clinical practice rooted in cultural humility presents the field of social work with an effective approach to address both perinatal mental health treatment disparities and the high incidence of maternal mortality among Black and African American women.

Figure 1 illustrates an assessment framework for perinatal depression among Black and African American women. The pyramid represents the SBW schema that includes an assessment of emotional suppression, self-sacrifice and internalized beliefs pertaining to strength. Next, the addition sign represents the linking of the SBW schema to intersectionality theory. The intersectionality triangle includes race, class and gender to represent the triangulation of systematic oppression associated with the social identity of Black and African American women. Finally, the equal sign represents that combination of the SBW schema and intersectionality into the assessment and treatment framework to produce the outcome of a culturally responsive assessment.

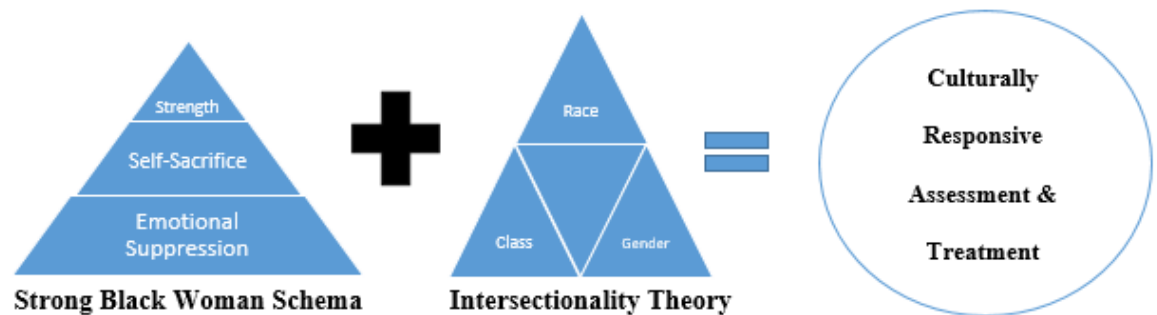


Figure 1: Assessment and Treatment Framework for Perinatal Depression in Black American Women

Implications for Further Research

Research that includes human subjects appears to be indicated as the next step to advance scholarship in the area of culturally responsive practices and its impact on perinatal mental health treatment and the maternal mortality crisis facing Black American women today. The culturally

responsive assessment framework developed by this author is a tool that new research can incorporate into measuring outcomes of its effectiveness in healthcare settings with perinatal Black and African American women. Furthermore, implications to explore barriers to treatment and compliance with standard treatment modalities for perinatal depression would also be highly beneficial to this body of knowledge. Finally, the concept of cultural humility in social work practice may benefit from further exploration into the development of a culturally responsive pedagogical framework in social work education, specifically those with a clinical concentration.

Implications for Social Work Practice

The social work profession is rooted in client-centered practice and cultural competence. As our National Association for Social Workers (NASW) has created ethical standards for practice and subsequent standards and indicators, this author suggests the development of practices that are rooted in cultural responsiveness (NASW, 2019). When working with women during the perinatal period, it is recommended that social workers have additional training in reproductive healthcare to be able to effectively assess and treat perinatal Black and African American women. The cultural component of assessment will need to include additional expertise and experience in working with an understanding of the SBW schema, intersectionality and cultural humility dimensions. The social work profession aims to be client-centered and trauma-informed and for social workers to develop the capacity for self-reflection and introspection when working with diversity and difference in practice.

Conclusion

This subject matter is timely in that the rates for maternal mortality continues to rise (CDC, 2018) and the gap for perinatal depression treatment continues to widen (Goodman, Dimidjian, Williams, 2013). The social work profession can lead the way on this charge by

incorporating a culturally responsive framework in both clinical practice and social work education. Other disciplines have yet to respond to this call in an impactful way; therefore, this lends an opportunity for social work to work in collaboration across disciplines to address this maternal mortality crisis. Black and African American women need to be seen and heard in their maternal health care, and we must act now because their lives are depending on it.

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Engaging Black and African American Women Perinatal Mental Health Treatment

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Abstract

This systematic review explores perinatal mood and anxiety disorders (PMADs) in Black and African American women and the effectiveness of utilizing culturally responsive modalities to foster engagement in perinatal mental health treatment. The overall research question was “what is the relationship between culturally responsive service models and Black and African American women’s engagement in perinatal mental health treatment?” I sought to explore the symptomology of perinatal mood and anxiety disorders in Black and African American women and its correlation to culturally responsive mental health treatment modalities. This review comprised of qualitative and quantitative peer reviewed full-text articles published between 2009 and 2019. Findings from this review suggest a correlation between culturally responsive practice and successful engagement in perinatal mental health treatment for Black and African American women.

Keywords: intersectionality, strong Black woman schema, perinatal mood and anxiety, Black women and depression, postpartum depression, Black women and anxiety, clinical social work, discrimination, mental health

Engaging Black and African American Women in Perinatal Mental Health Treatment

According to the World Health Organization (WHO), between 10 to 13% of women around the world experience a perinatal mental health disorder (WHO, 2020). In the United States, there are vast racial disparities in the prevalence of perinatal mental health disorders and treatment for these conditions. For instance, Black and African American women are 50% less likely to utilize mental health services during the perinatal period than their White counterparts (Goodman, Dimidjian, & Williams, 2013). With limited use of psychological services, Black and African American women experience detrimental consequences to their mental health which contributes to harmful consequences on their families and communities (Watson-Singleton, Okunoren, LoParo, & Hunter, 2017). This systematic review seeks to understand the relationship between culturally responsive mental health practice and Black and African American women's engagement in perinatal mental health treatment.

Within the American socio-cultural context, the endorsement of strength in Black womanhood is one potential indicator of increased risk for psychological distress in Black and African American women (Woods-Giscombé, 2010; Copeland & Butler, 2017). Throughout history, Black and African American women have assumed the roles of mother, nurturer, and breadwinner out of both social and economic necessity because of racism, oppression, disenfranchisement, and limited resources (Woods-Giscombé, 2010). Consequently, the Strong Black Woman (SBW) schema provided a source of empowerment for Black American women however; these beliefs also promoted physical and emotional resilience to the myth of strength subjecting them to experiencing sense of shame for not being perceived as strong. Considering the typical strains of pregnancy and early motherhood, additional risk factors such as racism and sexism contribute to disproportionate rates of mental health disorders in Perinatal Black and

African American women (Woods-Giscombé, et al., 2017). According to Lara-Cinisomo, Clark, & Wood, J. (2018), twelve to nineteen percent of women in the United States experience perinatal depression including Black and African American women who experience perinatal depression at an estimated rate of twenty-eight percent.

Of the most commonly diagnosed perinatal mood and anxiety disorders (PMADs), perinatal depression is the most prevalent (Keefe, Brownstein-Evans, & Rouland-Polmanteer, 2016). Black and African American mothers make up a large percentage of women suffering from perinatal depression and yet are most likely to not pursue or receive mental health treatment (Goodman et al., 2013). The purpose of this study was to synthesize the current peer reviewed publications on culturally responsive mental health practice and Black and African American women's engagement in perinatal mental health treatment. Through the utilization of an intersectionality lens, this review will also discuss implications for social work education, practice, and research.

Literature Review

Current literature does not comprehensively analyze the intersection of perceived racism and sexism in healthcare (Lewis, Williams, Peppers, & Gadson, 2017). When considering the experience of PMADs in Black and African American women, it is imperative to conceptualize their experience of racial and gender identity within the context of their symptoms. Social Work practitioners in maternal healthcare are in a critical role to engage in culturally responsive practice to address the perinatal mental health needs of Black and African American women.

Culturally Responsive Practice

Perinatal Black and African American women are susceptible to experiencing race-based stress, which is a specific risk factor that affects health outcomes (Watson-Singleton, Black, &

Spivey, 2019). When considering how to make maternal health practice more culturally responsive to address unique stressors of racism and sexism, one approach is to utilize cultural adaptation of existing evidence-based modalities. This top down approach to culturally responsive practice takes an intervention originally developed for one group that is modified to apply to other groups (Hall, Ibaraki, Huang, Marti, & Stice, (2016). On the contrary, a bottom up approach is intended for a cultural context to addresses culturally specific concerns (Hall et al., 2016). Overall, the notion to adapt modalities that already exist will have inherent flaws and just one approach to incorporating a culturally responsive practice into perinatal mental health care.

Another approach is by integrating a cultural humility and intersectionality framework into practice. This is illustrated in the Cultural Formation (CF) model which serves to supplement standard biopsychosocial evaluation methodologies by including these five components: cultural identity of the client, cultural explanations of the client's illness, cultural factors related to the psychosocial environment and levels of functioning, cultural elements related to the client-clinician relationship, and overall cultural assessment for diagnosis and care (Lewis-Fernández & Díaz, 2002). The CF model provides a comprehensive psychosocial assessment that prioritizes the client's unique experience within a cultural context. The component of the client-clinician relationship directly mirrors cultural humility practices because of its focus on addressing bias and power differentials within the therapeutic relationship. An infusion of cultural humility, intersectionality are another example of culturally responsive practice in social work.

Perinatal Mood and Anxiety Disorders

Through the lens of intersectionality theory, I explored the prevalence and consequential influence of perinatal mood and anxiety disorders among Black and African American women.

The definition of Perinatal Mood and Anxiety Disorders (PMADs) identifies the experience of persistent psychological distress from pregnancy through the first postpartum year (Glasheen, Colpe, Hoffman, & Warren, (2014). Of the most commonly diagnosed PMADs, perinatal depression is the most prevalent (Keefe, Brownstein-Evans, & Rouland-Polmanteer, 2016).

When considering Black and African American women experiences of PMADs, there is evidence of correlations to discrimination, oppression and racism that are contributing factors to their psychological distress (Glasheen et al, 2014; Watson-Singleton et al., 2019).

Intersectionality

In 2012, Ertel et al., published findings from two prospective cohort studies to examine the relationship between perceived racial discrimination and perinatal depressive symptoms which support the notion that higher levels of perceived racial discrimination over a lifetime contributes to elevated levels of depressive symptoms in perinatal Black and African American women. This study also found a correlation between the self-reporting of racial discrimination and socio-economic status (Ertel et. al, 2012). For example, women of lower socio-economic status had fewer self-reports of racial discrimination due to internalized oppression and social desirability (Ertel et. al, 2012). Additionally, racial discrimination influences psychological distress more than non-racial discrimination (Mouzon, Taylor, Woodward, & Chatters, 2017). As practitioners in maternal health care serving perinatal Black and African women, consider gendered-racism as a potential contributing factor to their psychological distress and assess accordingly.

Jackson, Rowley, & Owens (2012), presented a cross-sectional study on pregnant, well-educated, Black American women and the impact of stress and depression rates. This study found that chronic exposure to stress related to race and gender were contributing factors in the

health disparities and poor birth outcomes in Black American women (Jackson, Rowley, & Owens, 2012). The authors assert one prominent factor for depression in pregnant Black American women is this notion of strength that is an internalized as well as externalized expectation (Jackson, et al. 2012). The findings of this study engages the prevalence of untreated PMADs and its correlation to the effectiveness of current perinatal mental health assessment and treatment modalities.

Black and African American women who reported experiencing racial discrimination in their lifetime were more likely to experience depressive symptomology during pregnancy (Ertel et al., 2012). Consequently, gendered racism may be a factor on mental health help-seeking behaviors exhibited by Black and African American women experiencing PMADs. Further investigation suggests growing disparities in the diagnosis and treatment of perinatal depression across socio-cultural groups and that Black and African American women are less likely to seek perinatal mental health support or treatment in comparison to other racial and ethnic groups (Leis, Mendelson, Perry, & Tandon, 2001; Louis, Menard, & Gee, 2015).

The Strong Black Woman Schema

In review of the literature on the SBW schema, studies have examined the correlation between the strong black woman/superwoman role and its influence on reports of stress in Black American women. Within the cultural context, the endorsement of strength in Black womanhood is an indicator of increased risk for psychological distress in Black women (Woods-Giscombé, 2010; Copeland & Butler, 2007). According to Abrams, Hill, & Maxwell (2018), because of intersectional oppression, Black and African American women have learned to maintain a presence of strength while simultaneously internalizing their experience of psychological distress as a common expectation of Black womanhood. These notions are potential risk factors for the

prevalence of PMADs in Black and African American women. Understanding the notion of strength in Black womanhood can offer maternal health practitioners valuable insight into practices that could contribute to increasing Black and African American women's engagement in perinatal mental health treatment (Lara-Cinisomo, Clark, & Wood, 2018).

Method

Study Design

This systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist procedure (Moher, Liberatic, Tetzlaff, & Altman, 2009). I used the PICO methodology (Population, Intervention, Comparator, and Outcome) to identify components of clinical evidence for this review. First, I conducted a search to gather data to answer the research question, and remove duplicates. Second, after duplicates were removed, I screened records based on the inclusion and exclusion criteria. Full text articles were then assessed for eligibility and articles were excluded. Once the studies included in the synthesis were found, the articles were analyzed, coded and compiled into a table. All studies in the final synthesis were reviewed for bias both individually and cumulatively. Next, a synthesis of the results was conducted followed by a discussion that included limitations and implications for practice. This review sought to understand the relationship between perinatal mood and anxiety disorders (PMADs), culturally responsive mental health treatment practices and engagement in perinatal mental health services.

Eligibility Criteria

The eligibility criteria included peer reviewed published literature that described various practices of culturally responsive mental health care and PMADs among Black and African American women. Eligible studies found included qualitative and quantitative methods, perinatal

Black and African American women subjects, and research questions or hypotheses to include mental health during the perinatal period. Each study included findings, data analysis, and implications for practice.

Search Strategy

The following electronic databases were used based on the applicability to the topic area: PsychINFO, SCOPUS, SocIndex, and PUBMED. This search was conducted between September 2019 to December 2019 and included articles published between 2009 and 2019. Manuscripts for this review were printed in English using the following keywords: “culturally responsive mental health, strong black woman schema, gendered racism, African American women, perinatal mood and anxiety disorders, Black women, perinatal mood and anxiety disorders, mental health, pregnancy and postpartum.” There were n =1,033 records identified through database searching using the keywords. Then a total of n =1,015 records were screened after duplicates were removed. Next, n = 992 records were excluded and n =23 full-text articles were assessed for eligibility. Finally, n = 19 full text articles were excluded, with reasons, and a total of n = 4 studies were included in this synthesis.

Study Selection

As a part of this review, this author read four articles at least three times. During this review, articles had to define either the strong Black woman schema or perinatal mood and anxiety disorders. Articles that met only some of the inclusion criteria were excluded. By the completion of the full systematic review, this author will have a defined analysis of the inclusion and exclusion criteria from the study selection process (Figure 1).

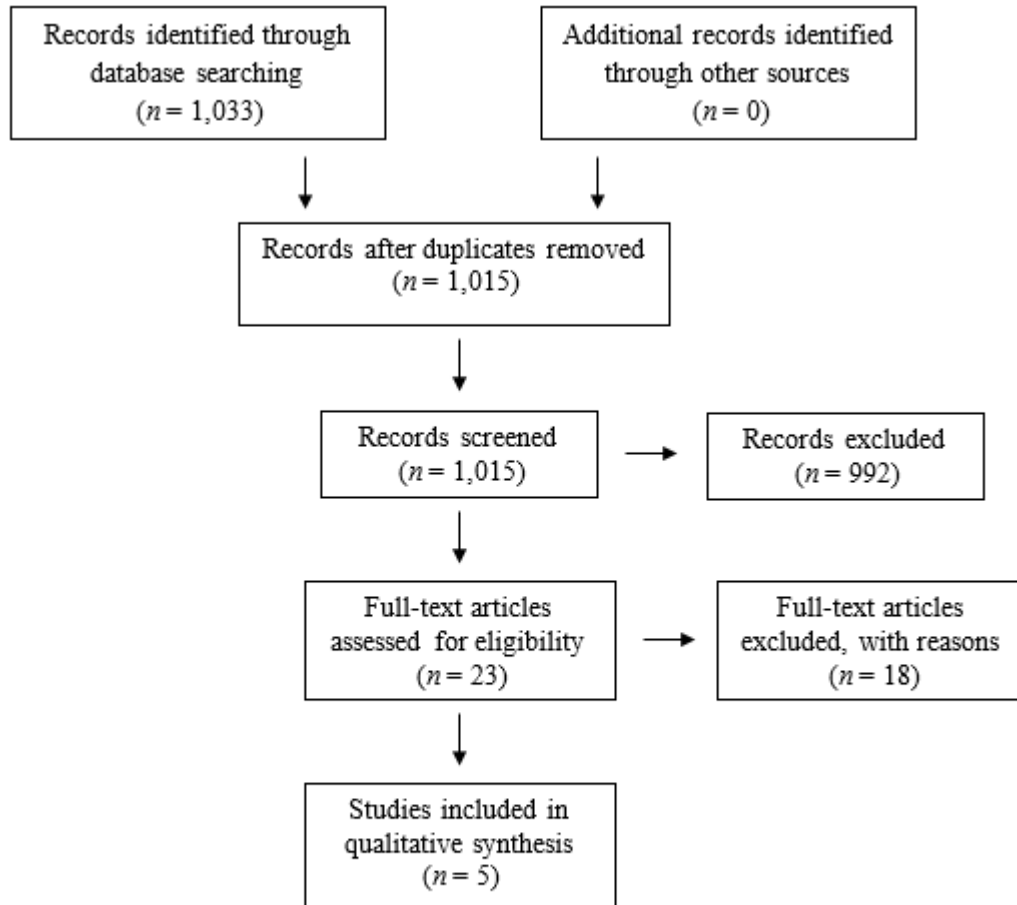


Figure 1. Flow diagram of data collection and search process steps.

Data Analysis

An inductive analytical approach was applied in exploring the influential factors of PMADs among Black and African American women. A total of 4 articles (3 qualitative and 1 quantitative) were reviewed and analyzed. The analysis was focused on extracting culturally responsive approaches related to addressing PMADs among Black and African American women. The review considered the research questions and/or hypothesis of each article. I specifically looked for codes that reflected challenges undergone by Black and/or African American women who are, either pregnant or postpartum. I also looked for content around mental health screening, assessment, or treatment was mentioned in each article, including a

culturally responsive approach to engaging clients with mental health services. These two broad guides assisted me in staying focused on the specific information so as to better organize the findings.

Results

PMADs among Black and African American Women

All four studies examined the how Black and African American women experience PMADs. One study examined how Black and Latina mothers' experience postpartum depression and their thoughts about mental health services they received. Findings suggest that Black mothers were able to identify both positive and negative feelings they experienced during the perinatal period and that financial stress was a significant factor for the onset of a PMAD (Keefe et al., 2016). Stevens (2018) found that there were no statistically significant differences in mental health diagnosis across racial and ethnic groups within the study sample, which included non-Hispanic White, African American and Hispanic/Latina women.

In addition, Major depressive disorder (34.3%) and Adjustment Disorder (24.8%) were the two most common primary diagnosis among the sample of 67 women, of that 32.8% were Black/African American women. According to Keefe et al., 2016, conflict within the intimate relationship between the mother and her partner was found to be the strongest predictor of postpartum depression. Furthermore, there was a significant correlation between intimate-partner violence and an increase of postpartum depression (Keefe et al., 2016). Understanding the prevalence, symptomology, and external factors are important in conceptualizing and meeting the mental health needs of perinatal Black and African American women.

Perceptions of Mental Health Treatment

According to Leis et al. (2011) in their study of low-income perinatal African American women of home visiting programs, a common perception of mental health care was a push for psychotropic medication. In addition, concerns about confidentiality and legal ramifications, such as child protective services (CPS) reports, were common beliefs about engagement in perinatal mental health treatment (Leis et al., 2011). Seventy-eight percent of Black and African American women would be interested in professional mental health services (Goodman et al., 2013), according to a study of African American pregnant women receiving perinatal care at an urban clinic that serves uninsured patients. In two studies, findings suggest that mental health treatment perceptions in Black and African American women were quite negative, with the primary concerns rooted in practical barriers such as the cost, location and access to treatment and seeking solutions to problems that therapy could not provide (Goodman et al., 2013; Leis et al., 2011). According to Keefe et al. (2016), Black and African American mothers are more likely to receive support for mental health concerns from their family members than from mental health providers.

Culturally Responsive Perinatal Mental Health

Stevens (2018) conducted a study that sought to find if a coordinated perinatal mental health care model would be effective in reducing mental health disparities. This study had a sample of 67 perinatal women; thirty-three percent of that sample were Black/African American women. The coordinated care model includes a culturally responsive approach to perinatal mental health care by offering treatment that was flexible with a focus on the integration of trauma and recovery theory as part of its intersectionality-informed design (Stevens, 2018). Findings suggest a high level of engagement from participants, with eight-four percent returned for a follow up session within 8 weeks postpartum (Stevens, 2018). In addition, results suggest

that African American women were more engaged in treatment overall as compared to their White non-Hispanic counterparts, with the lowest rates of early termination (Stevens, 2018).

In another study, researchers sought to find out from African American and Latina mothers directly, what their recommendations for mental health care providers were regarding their perinatal mental health treatment. Findings from this study identified that African American and Latina mothers considered it important for providers to demonstrate their knowledge and understanding of PMADs and to listen to them and be empathetic (Keefe et al., 2016). In addition, validation, building a trusting relationship, and establishing accessible and flexible services to meet their needs. These recommendations support the premise of culturally responsive mental health practice, specifically for perinatal women experiencing a mental health disorder.

Discussion

This systematic review provided an overview of the current literature on perinatal mood and anxiety disorders (PMADs) in Black and African American women and culturally responsive modalities in perinatal mental health treatment. The primary goal of this review was to identify the current status of Black and African American women's perception and engagement in mental health treatment of PMADs and understand the effectiveness of culturally responsive perinatal mental health treatment, specifically for Black and African American women. A total of 5 articles were reviewed and they represented both qualitative and quantitative research designs. All of the studies focused on samples that included Black/African American perinatal women within a mental health context. Additional research to examine mental health treatment outcomes for perinatal Black and African American women appears to be missing in the current literature. As a result, the culturally responsive practice modality is an emerging

phenomenon in clinical social work and even less prevalent in perinatal mental health, continued research in this area appears to be indicated.

Strengths and Limitations

The most significant strength of this review is that the status of perinatal mental health care for Black and African American women is presented. This manuscript is contribution to a small but growing body of research. As a group that is typically underrepresented in perinatal mental health care, it was important to call attention to the needs of Black and African American women. This review sought to disentangle the broad grouping of women of color and focused primarily on Black and African American women. Intended to highlight the cultural nuances of Black womanhood and as a limitation of this review, this did not materialize. Another limitation is the possibility that articles may have been missed in the preliminary search because there was only one investigator even though the PRISMA guidelines were consulted. With the addition of a second or third investigator, the rigor of this systematic review could be enhanced.

Recommendations for Social Work Practice

According to the Bureau of Labor Statistics (BLS), the current employment outlook of social workers is projected to grow and an increased demand for healthcare and social services (Bureau of Labor Statistics, 2019). Social workers are in a position to make significant impact in the areas of policy and practice outcomes for a more culturally responsive approach to assessing and treating PMADs in Black and African American women. With the projected job growth in the field of social work, this also offers social work educators the opportunity to incorporate culturally responsive practice into the curriculum. As our society continues to become more racially and ethnically diverse, the need for culturally responsive practice will grow. As we become more aware of the disparities in mental health treatment and adverse birth outcomes in

Black and African American women, it is imperative that we continue to develop policies, advocate, and support our mental health providers with the tools to close these gaps for Black and African American women in perinatal mental health care.

Implications for Future Social Work Research

This review was developed to support the continued development of research studies that are specific to the mental health of perinatal Black and African American women. Furthermore, it is important that women of color be supported in conducting research for women of color. Further investigation is needed in the areas of treatment outcomes and the connection between mental health treatment disparities and adverse birth outcomes in pregnant Black and African American women. It is imperative that social workers engage in the area of healthcare disparities as scholarship because this topic spans across multiple professional disciplines and we need a seat at the table. It is this author's intention to widen the scope of this work to apply to other ethnic and racial groups whom would also benefit from culturally responsive mental health care.

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The Strong Black Woman: Perinatal Mental Health Assessment and Treatment

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Abstract

This poster presentation explores the assessment and treatment of perinatal mood and anxiety disorders in Black and African American women. The theoretical framework of intersectionality and the Strong Black Woman schema is presented across the span of the perinatal period, which is the time from conception through the first postpartum year. Currently, there is limited empirical data on the Strong Black Woman schema in correlation to perinatal mental health in Black and African American women. The intersection of socialized identities such as race, class, and gender are presented alongside the unique symptoms associated with endorsing strength in Black womanhood. This poster offers an alternative to standard assessment and treatment modalities for perinatal mental health by incorporating components from the social determinants of health, intersectionality theory, and the strong black woman schema to develop a culturally responsive assessment and treatment framework.

Keywords: intersectionality, strong Black woman schema, perinatal mood and anxiety, Black women and depression, postpartum depression, African American women and depression, culturally-responsive assessment and treatment, cultural humility

The Myth of Strength: Perinatal Mental Health Assessment and Treatment

The poster titled, *The Myth of the Strong Black Woman: Mental Health Disparities and Adverse Birth Outcomes in Pregnant African American Women* was presented at the peer-reviewed European Association of Schools of Social Work (EASSW) conference in Madrid, Spain, on June 6, 2019. The conceptual framework of intersectionality theory is incorporated to understand how social identities influence our experiences of privilege and oppression (Bowleg, 2012). Intersectionality theory offers the context to develop a culturally responsive assessment and treatment framework to address the role of the Strong Black Woman (SBW) schema and the presence of Perinatal Mood and Anxiety Disorders (PMADs) in Black and African American women. When perinatal mental health treatment disparities are considered, an understanding of the racialized social history of Black and African American women can aid in the development of understanding both mental and physical health disparities more broadly.

This banded dissertation is comprised of three products that address the SBW schema, intersectionality, and PMADs in Black and African American women. The conceptual paper explores mental health treatment disparities and the SBW schema to understand how Black and African American women are assessed for mental health disorders during the perinatal period. A systematic review examines perinatal mental health treatment outcomes for Black and African American women with findings that suggest a correlation between the endorsement of the SBW schema and treatment outcome disparities. This poster presentation shares information on the development of a culturally responsive assessment and treatment framework to aid in the appropriate diagnosis and treatment for PMADs in Black and African American women who endorse the SBW schema.

This presentation is an important component of scholarly work as it is one of very few resources that address the issue of mental health disparities during the perinatal period specifically for Black and African American women. The poster includes information that references the social determinants of health, the SBW schema, and intersectionality theory to develop a culturally responsive assessment and treatment framework to be utilized in clinical practice. With our current statistics of high maternal mortality rates in the United States, specifically for Black women, this scholarly work is an important component to the body of developing knowledge of perinatal mental health disparities and culturally responsive assessment and treatment to address staggering disparities across the maternal healthcare spectrum. It is my hope that this timely work will address the cultural stigma around mental health treatment and contribute to the current cultural shift toward listening to and believing Black women in healthcare.

The Myth of the Strong Black Woman: Mental Health Disparities and Adverse Birth Outcomes in Pregnant African American Women

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Conceptual Framework: Intersectionality

The notion of intersectionality dates back to Kimberlé Crenshaw's (1991) "Democratizing the Black Woman's Experience" in *SPJ*. Historically, terms such as single jeopardy and intersecting oppressions were the dominant ideas around what we would define as intersectionality theory today (Lanham, 2012). First in 1991, recently as gendered racialization defines the social locations that characterize Black women's lives, however, upon the release of the *Complex Black Black Feminist Manifesto*, we now understand that race, class, and gender all jointly shape Black women's experiences' (DeVine, 2012).

Intersectionality Theory

- Derives from Black feminist theory
- It identifies how intersecting systems of oppression contribute to social inequalities that African American women experience (DeVine, 2012).
- Crenshaw's (1991) "Democratizing the Black Woman's Experience" in the 1980's and in 1991, she defined intersectionality as a potential concept to demonstrate the complexity of systems of oppression could create and form an one racial identity, while including the others (Lanham, 2012).



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Adverse Birth Outcomes

In the United States and abroad, African American women have the highest rates of maternal mortality (Maitz, Fowler, Hickey, & Bryant, 2010). According to Maitz (2010), the rate of maternal deaths over the world is commonly called the maternal mortality ratio or IMR. The majority of maternal deaths are most likely avoidable (Berg, Callaghan, Hankerson, & Bryman, 2012). In contrast to the United States, the IMR continues to rise (Maitz, 2010).



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The issue of maternal death is not typically associated to a singular event but rather through multiple contributors such as medical care limitations, chronic health conditions, genetic predispositions, socio-economic status and environmental exposures (Maitz, 2010; Berg, Callaghan, Hankerson, & Bryman, 2012). Data continue to indicate correlation with maternal mortality and morbidity are, chronic hemoglobin, hypertension disorder and cardiovascular or cardiomyopathy conditions (Berg, Callaghan, Hankerson, & Bryman, 2012; Maitz, Fowler, Hickey, & Bryant, 2010). Maternal mortality is complex and directly associated with health care quality and access. Therefore, solutions to address the epidemic of maternal mortality and morbidity in African American women will need to be multifaceted.

The Strong Black Woman Schema (SBWS)

In order of the literature on the SBWS schema, studies have examined the correlation between the strong Black woman role and its influence on reports of stress in Black American women. Within the interrelated context, the endorsement of strength in Black communities is an indicator of increased risk for psychological distress in Black women (Foster-Greene, 2010; Dugdale & Butler, 2010). According to Dugdale, (2010), & Butler (2010), because of intersectional oppression, Black American women have learned to maintain a posture of strength while simultaneously internalizing their experience of psychological distress as a common expectation of Black communities. These notions are potential risk factors for the prevalence of perinatal mood and anxiety disorders (PMADs) in Black American women. Understanding the notion of strength in Black communities can offer maternal health providers insight into practices that could contribute to the effective assessment and treatment of PMADs in Black American women (Law-Goodman, Clark, & Freed, 2012).



According to Dugdale & Butler (2010), some barriers to mental health treatment for Black American women include:

- Access and utilization of mental health services
- Quality of care
- Racism

 Legislation suggest a need for the U.S. healthcare system to incorporate a more culturally responsive approach to maternal health care and the need to prioritize mental and mental health equity throughout the perinatal period. As of now, Black American women are those in that time more likely to die of pregnancy-related causes than their white counterparts (DE, 2012).

Perinatal Mental Health

The definition of perinatal mood and anxiety disorders (PMADs) identify the experience of perinatal psychological distress in women within the period from preconception through the first postpartum year (according to Lewin, Berman, & Meltz, 2010), a woman is most likely to experience perinatal depression during the second trimester of pregnancy and during the postpartum period.



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According to Law-Goodman, Clark, & Freed, (2012), 10% to 15% of women in the United States experience perinatal depression and Black American women experience perinatal depression at an estimated rate of 20% to 30% of pregnant women. For example, Eche, James-Tseng, Givens, Kruger, Gilman, Wright, & Kuhn-Ravenswa (2012), reported Black American women who endorsed experiencing racial discrimination in their lifetime were more likely to experience depressive symptomatology during pregnancy.

Implications for Clinical Social Work Practice

The social work profession is poised to address the epidemic of unmet and untreated mental health conditions in pregnant African American women by supporting maternal healthcare practices and policies rooted in cultural humility and racial justice.

The First Steps-Intersectional (FSI) Perinatal Mental Health Treatment model is a culturally responsive approach to perinatal mental health assessment and treatment. The FSI model includes components from the most advancements of health (DE, 2012) and intersectionality theory to provide individualized social identities, individual health risks and social health outcomes throughout the perinatal period. This model can be utilized by social workers and other medical professionals to assess women and treat perinatal mood and anxiety disorders through a culturally responsive and individual framework in order to address maternal health disparities and adverse birth outcomes.

