

# Screening, Brief Intervention and Treatment in a Latina Immigrant Prenatal Clinic

Jules Kennedy, BSN, RN Ann Hoffman, DNP, RN, CPN, CNE

## Background

- The use of Screening, Brief Interventions, and Referral to Treatment (SBIRT) with motivational interviewing (MI) has had success in increasing identification and successful referral of patients to behavioral health treatment
- Behavioral health disorders during the perinatal period appear to be relatively common with a 12-month prevalence of 25.3% for pregnant women
- Depression affects up to 42% of migrant women compared to 10–15% of native-born women
- Latina immigrants are reluctant to disclose mental health problems
- Untreated behavioral issues lead to future systemic consequences in the local community

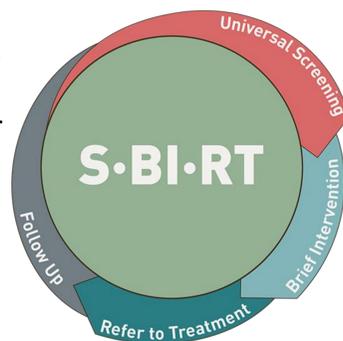
## Objectives

Implement SBIRT in a prenatal clinic to increase detection and treatment of pregnant Latina immigrants with behavioral health issues

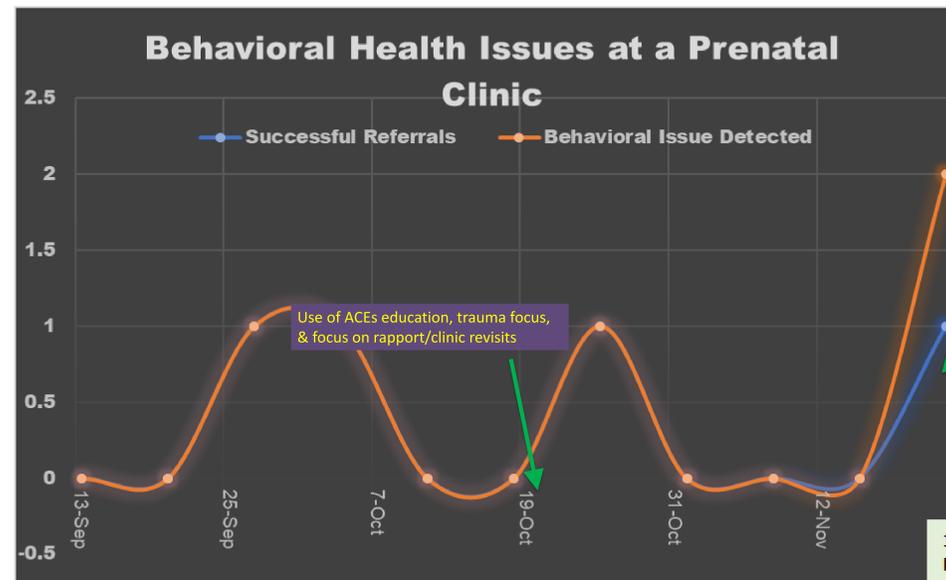
- **Short term goals:** Incorporate MI, track behavioral issues, follow-up on referrals; educate clients about common behavioral health issues
- **Long term goals:** Increase client repeat visits to clinic, increase identification of behavioral issues to more closely match expected rates; increase percentage of clients that seek behavioral treatment

## Methods

- **Screening** – 228 Prenatal clinic patients screened using Cerner assessment questionnaire & Adverse Childhood Events (ACEs) criteria; if positive for behavioral health issue or ACEs>4 then a brief intervention is done
- **Brief Intervention (BI)** – 15-min MI session, behavioral health education
- **Refer to Treatment** – Call county behavioral health for client and arrange for walk-in referral
- **Follow Up** – Track whether client presented to county behavioral health treatment clinic, follow-up on next visit with further BIs if necessary



## Figures



## Results

- After 12 weeks, 6 patients were identified with behavioral health issues, one patient presented for treatment
- Small size of successfully identified clients made it difficult to draw conclusions about success of methods
- Changes to original project included ACEs, termination of warm handoff procedure, a new focus on behavioral health treatment “buy in” and education was initiated

## Discussion

- Latina immigrants deny behavioral health symptoms even while displaying symptoms during assessment
- Staff believed using MI techniques, educating clients on ACEs and the educating clients on behavioral health disorders such as trauma, IPV, depression, and anxiety were helpful in creating interest and future motivation to seek treatment
- “Warm handoffs” resulted in clients not returning to the clinic if done without establishing rapport first
- Cultural familiarity is needed to increase collaboration and active participation in behavioral health identification and treatment
- Not only is behavioral health under-focused in the prenatal clinic, but Latinx culture stigmatizes and/or does not recognize certain behavioral health issues as being able to be treated
- Having a child is a celebrative time for Latina mothers and they are not likely to report behavioral health symptoms during this time without education and de-stigmatization

## Conclusions

- A longer-term project (6+ months) is needed to properly evaluate implementation procedures
- Personnel need to be trained and experienced with MI techniques and the unique cultural barriers, language & expression of the targeted population
- New Latina immigrant mothers do not typically socialize or seek help from non-Latin-X population, including non-Latinx providers, creating barriers to collaboration and active participation
- Financial barriers for immigrants make long term behavioral health treatment difficult
- The current system does not properly address the creation of insight, cultural collaboration, and empowerment needed for the long-term and/or early treatment of behavioral health issues in this population
- Having behavioral health and primary care, to include prenatal care, work separately rather cooperatively creates barriers to identification and treatment of behavioral health issues

## Bibliography

Dwinnells, R. (2015). SBIRT as a vital sign for behavioral health identification, diagnosis, and referral in community health care. *Annals of Family Medicine*, 13(3), 261-263.

Pham, A., Goforth, A., Chun, H., Castro-Olivo, S., & Costa, A. (2017). Acculturation and help-seeking behavior in consultation: A sociocultural framework for mental health service. *Journal of Education and Psychological Consultation*, 27(3), 271-288

Wright, T., Terplan, M., Ondersma, S., Boyce, C., Yonkers, K., Chang, G., & Crenga, A. (2016). The role of screening, brief intervention, and referral to treatment in the perinatal period. *American Journal of Obstetrics & Gynecology, Special Report* (November 2016), 539-547. doi: 10.1016/j.ajog.2016.06.038

## Acknowledgements

Keisha Walker, MSN, RN; *Clinical Site Representative*  
Judy Ramos, MSN, RN; *Prenatal Clinic Nurse Manager, Champion*