INCREASING THE CAPACITY OF A COUNTY IN RURAL NORTHERN CALIFORNIA TO SUPPORT PERINATAL MENTAL HEALTH THROUGH A PARTICIPATORY CHANGE FRAMEWORK.

By

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Abstract

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The purpose of this project was to build the capacity of a Perinatal and Postpartum Support Network in a county in rural Northern California to effectively engage, cultivate and build up the community supports that address perinatal mental health. The goal of this Network is to raise awareness of the issues that surround perinatal and postpartum mental health and build up the community supports in order to strengthen the families and the community. This project used a participatory change framework, and the ideologies from community capacity building, to enhance the processes of the current Network and subcommittee members to identify and strengthen community relationships, bridge partnerships, bring new participants to the table, and identify already existing community supports. Outcomes of this project will be used to inspire and support future community leaders and to sustain the current efforts of the Network to support and improve maternal mental health in the county.
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# Table of Contents

Abstract ................................................................................................................. ii  
Acknowledgements ............................................................................................. iii 
Introduction ........................................................................................................... 1  
   The Humboldt Pregnancy and Postpartum Support Network ............................ 1 
Community Improvement Plans ........................................................................... 5 
Community Outreach Efforts of the HP&PSN ...................................................... 6 
Humboldt BRIDGES Partnership ......................................................................... 7 
Purpose of Project ................................................................................................. 9 
Literature Review .................................................................................................. 12  
   Perinatal and Postpartum Mental Health ......................................................... 12 
   Rural Health Challenges ............................................................................... 16 
   Adverse Childhood Experiences .................................................................... 17  
Methodology ......................................................................................................... 20  
   Participatory Change Framework .................................................................. 20 
   Project Implementation Process .................................................................... 20 
Results ................................................................................................................... 23  
   Observing the Network Through the Lens of Participatory Change ............... 23 
   Participatory Change Principal of Oligarchy .............................................. 25 
   Spreading Awareness Through Existing Networks ................................... 26 
   Community Education Efforts Towards De-stigmatization ....................... 28 
   Community Action and Targeted Selection Criteria .................................. 28
Pro-Actively Addressing Barriers................................................................................. 29
Conclusion .................................................................................................................. 31
Rural Aspects Challenge Participation........................................................................ 31
Network Strategic Plan and Vision.............................................................................. 32
Sustainability of Network Participants and Training Participants.............................. 33
Next Steps for the Network .......................................................................................... 34
Personal Reflections ...................................................................................................... 35
References .................................................................................................................... 38
INCREASING THE CAPACITY

Introduction

As new research emerges in the field of perinatal mental health, providers and stakeholders in the community are better able to identify the gaps in services that rural communities are challenged with providing for the health and wellbeing of mothers. This project was developed to help build the capacity of the Humboldt Perinatal and Postpartum Support Network (HP&PSN) in order to effectively engage, cultivate and build up the community supports that address perinatal mental health. Current research shows that maternal depression will decline if regular screening is done with accurate instruments and referrals are given for behavioral treatments in a timely manner (O’Connor E, Rossom RC, Henninger M, Groom HC, and Burda BU., 2016).

It is the hope in the work of this project will increase the capacity of the Network and, over time, will help aid in the decline of maternal depression in Humboldt County. Through the role of the Network in advocating for mother’s access to supportive services, and in educational efforts to decrease the stigma attached to perinatal mental health challenges, the Network will build the capacity of the county to meet these needs.

The Humboldt Pregnancy and Postpartum Support Network

The Humboldt Pregnancy and Postpartum Support Network (HP&PSN), previously known as the Perinatal Mood and Anxiety Disorder Task Force (PMAD Task Force), is a multidisciplinary team. Members of the Network share holistic goals and values that are reflected in the community intervention strategies that are implemented by
INCREASING THE CAPACITY

the Network. The Network members include those from government health and human service agencies, non-profits, medical and mental health providers, insurance agencies and community members with a vested interest or lived experience in the field of perinatal mental health. The Network meets monthly to plan and implement community based interventions and outreach approaches. The mission statement of the Humboldt Perinatal and Postpartum Support Network is to “serve as a catalyst in our community to destigmatize and increase awareness about mental health issues related to childbearing through education, outreach and collaboration” (Maternal Child and Adolescent Health (MCAH, 2013).

HP&PSN was implemented in 2008 by the county’s Maternal Child and Adolescent Health (MCAH) Division. The Network seeks to address the needs of the community by working together to improve the effectiveness of the social and professional supports throughout the county. The Network works with local healthcare systems, pediatricians, and obstetrics/gynecology specialists to advocate for PMAD screening and treatment, and provides educational outreach services to increase the capacity of providers.

The HP&PSN has outlined goals to address the needs of the community regarding maternal mental health. From the MCAH Local Health Jurisdiction Report Needs Assessment it was identified that women in Humboldt, between the ages of 15 and 44, have a higher than state average hospitalization rate for mood disorders (MCAH, 2013). This rate has been linked directly to poverty and other unidentified problems in this report. The strategy that was outlined to address this problem includes actions steps such
as promoting universal screening by obstetric providers, at hospital discharge and at pediatric office well-child checkups (MCAH, 2013). Another strategy for addressing this issue is to increase awareness of the impacts of perinatal mood and anxiety disorders (PMAD) among providers and community members, educate the community and circulate the resources and advocate for increased mental health providers (MCAH, 2013).

Humboldt County has higher than the state average rates of hospitalizations due to perinatal substance use. It has been determined that this is due to limited awareness of the impacts on the fetus by perinatal substance use. This is a very significant risk factor for child abuse and neglect. Linda Remy, the research director at the Family Health Outcomes Project at UCSF states, “Humboldt County had one of the highest rates in the State of pregnant women with mental illness and/or substance abuse. Providers in Humboldt County need to be trained to watch for substance abuse because it will often accompany depression. Often these are co-occurring” (MCAH, 2016b, p2). This highlights the community needs that the county has relating to substance use education and PMAD identification. The strategy the Network has chosen to address this issue is to raise the awareness of the health impacts of perinatal substance use, educate medical staff on substance abuse recovery resources and encourage regular screenings (MCAH, 2013).

While certain sectors of the community are becoming increasingly aware of the issues surrounding PMAD, the Network is continuously focused on increasing access to supportive services whenever possible. Humboldt County is designated by the Health Resources and Services Administration as being a mental health professional shortage
INCREASING THE CAPACITY

area (Office of Statewide Health Planning and Development (OSHPD), n.d.). Many people are experiencing waits as long as four months when accessing services from the public mental health facility (MCAH, 2016a).

Humboldt County is a very large county with many outlying regions that have very little access to resources. Counties such as this one, have unique challenges that can lead to greater disparities in income, health care access, and mental health challenges (MCAH, 2016a). According to the 2012 census, this county has reported that greater than 20% of its residents are living below the federal poverty guidelines, where the California State average is nearly 13% (Lucile Packard Foundation for Children’s Health, 2016). According to data from Lucile Packard Foundation for Children’s Health. (2016), Humboldt County included nearly 27,000 individuals under the age of 17 in the year 2015. From the 2014 US Census survey, nearly 22% of those 27,000 children are living in poverty (Lucile Packard Foundation for Children’s Health, 2016). Humboldt County has rates lower than the state average of children enrolled in health insurance (Lucile Packard Foundation for Children’s Health, 2016). According to this report there were 324 children in Foster care in in Humboldt County in the year of 2014 (Lucile Packard Foundation for Children’s Health, 2016). With increased rates of poverty and inadequate health care, risks of child abuse and neglect rise. By providing for the mental health needs of mothers, the Network is working toward alleviating some of the health disparities that mothers, and as a consequence children face when challenged with poverty and inadequate health care.
Community Improvement Plans

The steps and goals that the Network has set forth above are to specifically address PMAD in the county. These goals directly align with the Community Health Improvement Plan (CHIP) that was established by the Humboldt County Department of Health and Human Services (DHHS), Department of Public Health in 2015. This report indicated the county’s particular kind of service needs from the perspective of Public Health. As a part of one CHIPS goals, the county indicated a desire to increase access to affordable services to outlying areas and for diverse populations, such as Native Americans (Humboldt County Department of Health and Human Services (DHHS), 2015). A method for achieving this goal was outlined in the plan and included action steps such as “fostering coalitions and networks” and “increasing community support groups” (Humboldt County DHHS, 2015). The intervention that was planned during the implementation of this project directly aligns the vision of the HP&PSN goals with the community intervention plan.

The mission and goal of the Humboldt Perinatal and Postpartum Support Network is directly reflected in the goals of this CHIP. The second goal that is defined in the CHIP that aligns with the mission of the Network is the goal to “increase understanding of mental health as a part of overall health and wellbeing” (Humboldt County DHHS, 2015). As this is a goal outlined by the Network, as well the direct action step, it coincides with the network goals and strategies. It is the mission of this Network to emphasize the need of advocating for the health and care of mothers and families. This is
done by “Fostering coalitions and networks” in order to “reduce stigma by using social networks and media” (Humboldt County DHHS, 2015).

The next priority that is outlined in CHIP that directly correlates with the goals in the Network is the priority identified as increasing access to mental health care supportive services that are diverse and easily accessible (Humboldt County DHHS, 2015). The implementation of community based mental health outreach programs will be better able to reach a wide range of community members at more affordable prices. This will increase use and efficacy. This is especially important in large rural communities such as Humboldt. Large, rural communities can lack “cohesion” and large geographic regions can contribute to feelings of isolation. The other barrier that needs to be addressed is mental health stigma and a goal is to see an increase in the number of people reaching out for help when needed (Humboldt County DHHS, 2015).

**Community Outreach Efforts of the HP&PSN**

The Humboldt Pregnancy and Postpartum Support Network (HP&PSN) has implemented successful community outreach campaigns since it began in 2008. The first major campaign launched was the release of the “Finding Your Way Through: Postpartum Mood and Anxiety Disorders.” This campaign shared an informational DVD with the community in English and Spanish (MCAH, 2016a). The DVD addresses postpartum depression from the perspective of mothers, medical and mental health providers. During this campaign the Network released DVDs, magnets, and bookmarks in English and Spanish. These materials have circulated throughout the county and are
INCREASING THE CAPACITY currently distributed by home visitors, labor and delivery nurses, maternal infant nurses and neo-natal intensive care nurses (MCAH, 2016a).

The second event the Network executed was “Beyond the Blues,” a well-attended presentation in November of 2014. The Network invited a presenter from a National organization that specializes in maternal mental health, Postpartum Support International (PSI). The goal of PSI is to increase awareness among public and professional communities about the emotional challenges that women experience during pregnancy and postpartum (PSI, 2016). PSI strives to provide current information, resources and education about PMAD and to advocate for further research and legislation to support perinatal mental health (PSI, 2016).

Pec Indman, EdD, MFT was brought to speak to the community by the Network in 2014. She has extensive experience as a provider of healthcare and psychotherapy, and spoke about the unique needs and issues of women in her presentation. Her presentation was open to the community and included knowing the signs, symptoms and treatments of PMAD. This event had an anticipated attendance of more than 300 people (MCAH, 2013).

Humboldt BRIDGES Partnership

Humboldt BRIDGES, as it is known locally, is an acronym for Building Resilience,Independence, Diversity, Growth, Education, and Success, partnering for Children and Families. Humboldt BRIDGES delivers partnership agreements to projects that directly relate to the goals, objectives and the Statement of Purpose (Humboldt
Humboldt BRIDGES is comprised of “children, youth, young adults, families, their support network, and anyone involved in their care and well-being” (Humboldt County DHHS, 2016). Anyone who works with, or cares about positively impacting the health and well-being of children, youth, and families, is part of the “we” of Humboldt BRIDGES (Humboldt County DHHS, 2016).

The Statement of Purpose of Humboldt BRIDGES highlights that all services offered through Humboldt BRIDGES are family driven, youth guided, culturally respectful and community/home or school-based. The purpose of Humboldt BRIDGES is to support children, youth and families in all areas of their well-being. Humboldt BRIDGES encompasses a holistic approach to physical, emotional, mental, spiritual and social health of the family and the child. The goal of BRIDGES is to provide services and support to children and families tailored to their needs, in a collaborative way, that is easy to access, respectful of individual’s diversity and is strengths based. The priority of BRIDGES is to work together to create environments where children and youth thrive in school and in the community. The goal is to share information and resources in order to ensure that services created through BRIDGES is effective and can be maintained over time (Humboldt County DHHS, 2016).

The groundwork for this project began with an application for a Humboldt BRIDGE’s partnership agreement. Humboldt BRIDGES offers a grant through the Humboldt County DHHS. In the Fall of 2015, the Humboldt Perinatal and Postpartum Support Network received a partnership agreement grant. Funding was secured to bring two trainings to this community. The first training was a three day, 21-hour training that
teaches people to lead support groups for mothers who are dealing with, or who have lived through PMAD (MCAH, 2015). This training endorsed twenty-five individuals, across disciplines in the county to be facilitators and provided them with the necessary education to share the knowledge and information with their communities (MCAH, 2015). This training served to increase the capacity of the county to provide family support services, and will positively impact countless individuals with children.

The second training made available through this grant, was the PSI Maternal Mental Health webinar certificate training. This training was offered to licensed clinical practitioners and therapists within Humboldt County (MCAH, 2015). Eight local clinicians received a solid foundation of knowledge covering the issues that affect women perinatal and postpartum and offered intervention strategies based on current research recommendations on best practices (PSI, 2016). Upon completion of this training, participants obtained a certificate in Maternal Mental Health that is recognized by the National Association of Social Workers. Modules in this training included topics including: an introduction to perinatal mood and anxiety disorders; triggers and primary prevention; additional considerations and cultural competency; paternal depression; and adoption (MCAH, 2015).

**Purpose of Project**

With the growing rates of poverty in this county, especially in the under the age of 18 populations, greater preventative supports are needed to ensure that families are able to access needed resources (Van Arsdale J, Peters-Graehl L, Patterson K, Barry J J, and
INCREASING THE CAPACITY

Bayer A, 2008). This county has a high degree of families living in poverty and dealing with the compounding issues that surround this (Van Arsdale J. et al., 2008). According to the report published by the Van Arsdale at the California Center for Rural Policy at Humboldt State University in 2008, nearly 40% of surveyed respondents who live in poverty did not feel that they had enough income to meet even their most basic needs (Van Arsdale J. et al., 2008). Poverty, and its implications, have a major impact on the health and wellbeing of families.

In the report published in 2014 by the Center for Youth Wellness, Humboldt County was identified as one of the top two counties in the state for rates of Adverse Childhood Experiences (ACEs). Over 75% of individuals residing in the county report having at least one ACE. The long term effects of ACEs include symptoms such as asthma, kidney disease, stroke, and chronic obstructive pulmonary disease (COPD). ACEs have also been linked to depression in adults in the study (Center for Youth Wellness, 2014). This report was a result of four-years of research and analyzing ACEs, and the health consequences, on the people of California (Center for Youth Wellness, 2014). Through addressing maternal mental health in the county, the Network will be addressing the needs of individuals with ACEs and attempting to aid in the decline of the adverse experiences endured by the children in the county.

This county has a minimal number of service providers per capita and the community has limited resources to call upon to build this capacity (Office of Statewide Health Planning and Development (OSHPD, n.d.). According to the California Center for Rural Policy’s Rural Poverty and its health impacts: A look at poverty in the redwood
In 2008, nearly 40 percent of respondents living in this county reported they were unable to get the health care they needed in the year prior, and these rates have been getting higher (Van Arsdale J, 2008). The interventions in this project seek to address this issue and were selected through consultation with the HP&PSN members.

The goal of the two trainings was to create a pool of providers in order to increase the resources in the community. The Network seeks to increase the capacity of the county to meet the unique needs of women living with PMAD and improve access to mental health services for individuals with specialized training. The Network used the processes involved in the planning and implementation of the two trainings to explore further the experiences of mothers accessing mental health services in this community (MCAH, 2016a). These realizations will be used to inform further projects and research.

In addition to community capacity building, the purpose of this project is based on the community outreach goals outlined in the Humboldt BRIDGES Partnership Agreement (2015). The Network specifically sought to work toward strengthening the partnerships between the service providers in the community in order to bridge these partnerships with added communications and referrals. This capacity building seeks to improve the services in the county to meet the mental health needs of women, infants and their families. The project was structured around my role of serving as a participant observer and integrating the framework of participatory change into the planning and development meetings during this period of grant implementation.
In order to undertake this community work, it was first key to have a solid understanding of the existing factors affecting maternal wellbeing. This literature review includes the definitions and key factors in perinatal and postpartum mental health. In addition, the role of rural health challenges is explored, in particular the concern of adverse childhood experiences on the long-term wellbeing of children. This issue must also be understood in order to effectively perceive the scope of these issues and its impacts on the lives of families and the community.

Perinatal and Postpartum Mental Health

Maternal depression, like all perinatal mood and anxiety disorders (PMAD), affects women without discrimination. Postpartum Support International (PSI) reported that “perinatal depression is the most common complication of childbirth” (Postpartum Support International (PSI), 2016). PSI is a national organization whose mission is to promote the “awareness, prevention and treatment of mental health issues related to childbearing in every country worldwide” (PSI, 2016). Maternal depression, a component of PMAD, affects approximately 15% of all women after childbirth (PSI, 2016). PMAD is a public health issue that takes its toll on the health and wellbeing of children and families everywhere (Highmark, 2011; O’Connor et al., 2016; American Medical Association, 2016). While it was also stated that 10% of women report depression during pregnancy, it is clear that the rates of depression will increase after childbirth and
continues into the postpartum period for one year after birth (PSI, 2016). It has w found
that 50% of mothers who experience depression during pregnancy will suffer from
PMAD postnatal when these symptoms are left untreated (First 5 Humboldt, 2011). This
highlights the importance of early detection, prevention and treatment.

Due to the debilitating nature of depression and other mood disorders, untreated
maternal depression or PMAD, can have severe social and economic consequences for
mothers and their children (Highmark, 2011; PSI, 2016; O’Connor et al., 2016). Maternal
depression can manifest as: a feeling of overwhelming sadness; a feeling of restlessness;
is found to increase a mother’s desire to stay in isolation; and may be seen as a loss of
motivation; or a decreased interest in one’s self or their child (Highmark, 2011). Further
symptoms of PMAD can include appetite or sleep disturbances; a lack of interest in the
baby; feelings of anger; irritability, and shame; thoughts of harming self or baby;
obsessive thoughts or sadness (Gagliardi A and Honigfeld L, 2008). The presence of
these symptoms can interfere with the daily care of the infant and put it at risk. When a
mother is depressed she is less likely to engage in behaviors that promote the healthy
social and cognitive development of the infant such as: breastfeeding, engaging in
routines, talking to the infant, or reading to it and showing it books (Gagliardi A and
Honigfeld L, 2008; PSI, 2016). Ensuring maternal mental health serves to protect the
health and wellbeing of the child.

According to the National Center for Children in Poverty, recent research on
developmental neuroscience emphasizes that the early relationship between a child and
the mother or caretaker is essential for healthy early brain development (Knitzer J,
Theberge S, and Johnson K, 2008; Gagliardi A and Honigfeld L, 2008). When the primary caretaker of an infant is depressed, the quality of the interactions between infant and caretaker is affected in ways that can lead to long term negative consequences, and those consequences can last a lifetime (O’Connor et al., 2016). As was discussed in the research released in January of 2016 by the American Medical Association (AMA) and the United States Preventive Services Task Force, maternal depression has been linked to children’s diminished social competence, reduced language ability, and adjustment problems in their educational experience (American Medical Association (AMA), 2016; Thurgood S, Avery DM and Williamson L. 2009). Interactions between mother and child that are of a lower quality can lead to the child exhibiting higher rates of emotional and behavioral problems (AMA, 2016). These behavioral consequences continue for the child on into adulthood, further impacting society as a whole as these children enter into the realm of social services as adults.

Maternal depression can interfere with fundamental child developmental processes such as bonding, attachment and early language development (Knitzer J. et al., 2008; Thurgood S. et al., 2009). This disruption in bonding and attachment puts infants at risk for abuse or neglect (Thurgood S. et al., 2009). Male children of mothers experiencing PMAD have been found to be at a greater risk of having cognitive delays and have displayed more outwardly aggressive behaviors than their female counterparts (Thurgood S. et al., 2009). It has been determined that a mother’s physical and mental health is influenced not only by socio-economic factors, but can also be influenced by the child’s health; when a child is born with developmental delays a mother is at an increased
INCREASING THE CAPACITY

risk for maternal depression (Highmark, 2011). Prevention efforts to assist mothers that are at an increased risk of PMAD may help to decrease instances of abuse or neglect.

One consideration for professionals in the maternal mental health field is that the number of women who are affected by PMAD’s are higher in populations of women that are dealing with other confounding social adversities such as poverty, teen parenting, or domestic violence (PSI, 2016; O’Connor et al., 2016). Poverty is a significant predictor for higher rates of maternal depression (Knitzer J. et al., 2008). The researchers at the National Center for Children in Poverty say that poverty is a more powerful predictor of maternal depression than any other seemingly significant risk factor (Knitzer J. et al., 2008). It has been estimated, as was outlined by the MCAH Division of Public Health in 2013, that women living in poverty and teen mothers are twice as likely to suffer from PMAD (MCAH, 2013).

In order to ensure the emotional and social wellbeing of mothers and their children, screening, early identification and treatment of PMADs are necessary components of prenatal and perinatal healthcare (Highmark, 2011). Executing these measures requires a community network of providers that have a vested interest in strengthening the health and resiliency of all mothers and families (Highmark, 2011; O’Connor et al., 2016). It has been recommended by the American Medical Association and the United States Preventative Services Task Force, that providers working with women in the perinatal and postpartum period perform regular depression screenings to ensure women receive proper care and treatment (2016). It is essential that the screenings be implemented with fidelity and patients be given adequate treatment and follow up
INCREASING THE CAPACITY (O’Connor et al., 2016; AMA, 2016). For many communities, strengthening this network will consist of cross collaboration between representatives from stakeholders across the spectrum of providers that offer supportive services in the community such as pediatricians, home visiting programs, OB GYN offices, and mental health providers (Highmark, 2011).

Rural Health Challenges

As the focus of this project is on perinatal mood and anxiety disorders (PMAD), it is important to look at the factors impacting this population. One social determinant that impacts PMAD is being a single mother (Highmark, 2011; Gagliardi A D and Honigfeld L, 2008). Postpartum depression (PPD) is estimated to effect 10 to 15% of people on average (Highmark, 2011). This rate is increased in the populations of vulnerable and low-income people, where it effects an estimated 25% of women (Highmark, 2011). The rates of PMAD are even higher in women with co-occurring conditions (Highmark, 2011; PSI, 2016; Gagliardi A D and Honigfeld L, 2008). Mothers living in poverty are at an increased risk for depression and mood disorders (Highmark, 2011; Gagliardi A D and Honigfeld L, 2008). It has been estimated that individuals living in poverty are four times more likely to report feeling sad or depressed when compared with those from a higher socio-economic status (SES) (Van Arsdale et al., 2008). An increased hurdle for women struggling with minimal income is access to affordable health insurance and mental health professionals (Knitzer J. et al., 2008). While many individuals may qualify for
public medical health care, access to local public mental health facilities have been known to have wait times as long as four months (MCAH, 2016a).

Combining the challenges of single parenting while in poverty, the risk for PMAD increases (Highmark, 2011; Gagliardi A D and Honigfeld L, 2008). Single mothers are at an increased risk for poverty due to the increased financial burdens. It was found in the research done by the Van Arsdale et al. in the Rural Poverty and its health impacts report, that single women with children are living in poverty with rates being reported at over 40% (Van Arsdale et al, 2008). Due to the high rates of poverty in this region, having greater community support networks are essential.

Adverse Childhood Experiences

Child abuse and neglect, as defined by Child Welfare Information Gateway, is the failure of a parent or caretaker to provide for the basic needs of a child (Child Welfare Information Gateway, 2013). This can be seen as an action which is performed by the caretaker, or the absence of action by the caretaker, which results in, or could result in, the death, physical or emotional harm of a minor child. This could also be seen as an act, or failure to act, that puts the child at risk for serious harm (Child Welfare Information Gateway, 2013). The youngest children are the most vulnerable to maltreatment, according to the statistics from the United States Department of Health and Human Services, Administration for Children and Families (ACF). More than one quarter of the children who were victims of maltreatment were under the age of three, and more than a
quarter of those were under one-year old (2016). Over 75% of child maltreatment in the US is due to Neglect (Child Welfare Information Gateway, 2013).

Child fatality is a very real consequence of severe child maltreatment. According to the ACF, in the fiscal year of 2014, a reported 1,580 children died from abuse and neglect in the United States. Of those children, over 70% were children younger than 3 years old. (U.S. Department of Health & Human Services (DHHS), 2016) Humboldt County has a very serious need for targeted interventions, and preventative services. Targeted intervention services that offer mental health support to at risk mothers, will decrease instances of child maltreatment.

There are certain characteristics that have been identified as child abuse risk factors that have been released by the United States Centers for Disease Control and Prevention. A major risk factor is when a child is younger than the age of four, or has special medical or mental health needs (Centers for Disease Control and Prevention (CDC), 2016). This population is considered to be at an increased risk for victimization. Other factors considered risk factors include items such as: substance abuse or mental health issues such as depression; parental characteristics such as low age; low SES; single parenthood; and having a large number of dependents. Family and societal risk factors include items such as: social isolation, parenting stress, intimate partner violence, living in a community that has high poverty rates, high unemployment rates, and high rates of alcohol and drug use (CDC, 2016; Child Welfare Information Gateway, 2013). Humboldt County has many of these community and societal risk factors.
Adverse Childhood Experiences or ACEs, can have a lasting impact on the life of a child (CDC, 2016). There is increasing research emerging on these impacts, and the extent to which Humboldt County is affected by ACEs is still to be determined. ACEs are seen as an event that constitutes either abuse, neglect, or household dysfunction (Center for Youth Wellness, 2014). These traumatic events, known as indicators, are events such as: exposure to community violence; bullying; homelessness; discrimination; or involvement in the foster care system (Center for Youth Wellness, 2014).

Prolonged exposure to ACE’s will lead to a build-up of toxic levels of neural stress (Center for Youth, 2014). This prolonged exposure is known as “toxic stress.” When a child is exposed to high levels of stress, especially over long periods of time fundamental changes will begin to happen in the brain. The extended activation of the stress chemical changes the way the body produces hormones and increases immune responses (Center for Youth, 2014). Toxic stress can be avoided when a child has the loving and predictable support from a caretaker, in the absence of such, a child can have challenges in their ability to interact with others and it could affect their physical or mental health (Center for Youth, 2014).
Methodology

This project used a participatory approach to enhance the processes of the current Network and subcommittee members. This approach sought to identify and strengthen the existing community relationships, bridge new and existing partnerships, bring new players to the table, and identify already existing community supports. This project utilized the guiding principles of community capacity building as defined by the Center for Participatory Change and as outlined by Castelloe, P., Watson, T., & White, C. in 2002.

Participatory Change Framework

The research method that was used for this project was Participatory Change: An Integrative Approach to Community Practice. This framework was developed at the Center for Participatory Change (CPC) in Ashville, North Carolina. The CPC defines participatory change as the integration of community organizing, popular education and participatory development (Castelloe P, et al., 2002).

Project Implementation Process

The primary methodology used for engagement in this project was participant observation (Kawulich B B, 2005). Participant observation is the process of documenting and reflecting on a series of experiences that you engage in. It was easier for me to secure permission to engage in this project, as I had already begun partnering with
members of the Network in June of 2015. This initial partnership was based upon my own personal interest in supporting the children and families in our community and advocating for maternal well-being.

After securing Institutional Review Board approval for this project, I attended a Network Meeting, where my presence was scheduled on the agenda. I provided an overview of the goals and purpose of the project, the process of information gathering, my role as a participant observer, and how the data would be documented and presented in my final project. I provided, and reviewed the consent form with the group and allowed individuals to choose whether or not they would like to be observed during the process of this project. After securing consent forms from all participants, I continued to regularly participate in the meetings, subcommittee meetings, and planning emails and phone calls.

As a participant observer, I, as the researcher, immersed myself in the Network and meetings. As a participant observer I became engaged in the Network and meetings. I used observation, natural conversation and other unobtrusive methods to gather my information (Kawulich B, 2005). It is key for a participant observer to establish rapport with the agency. To do this, I began working with the Network early and began work toward meeting the Network goals and objectives. Over the summer, I assisted the Network by writing the Humboldt BRIDGES grant that was awarded and set the stage for this project. Participant observation is a key tool used in anthropological research and is coined with the term “peopled ethnography” (Kawulich, B B, 2005). Participant observation was conducted at the meetings and, after meetings I would complete a set of
INCREASING THE CAPACITY

reflective notes, which were de-identified and did not name particular people, but focused on the concerns, themes and decision-making processes (Kawulich, B B, 2005).

These notes, along with the email discussion chains, were then reviewed using inductive analysis. An inductive analysis is most frequently done in health and social science research as a qualitative data analysis method. The underlying development to an inductive analysis is through the condensation of the raw data into a brief summary so that the researcher can identify themes, and develop a theory relevant to the process informed by the data (Thomas D, 2006).

The inductive analysis process in this project explored the process of the planning and facilitation of the two community interventions. The research was done in noticing the themes prevalent in these processes and reflecting on these experiences throughout the meetings and after the meetings were concluded. The analysis and the reflections were drawn from the experiences in the meetings and correspondences that were held between December 16, 2015 and February 29, 2016. The report of these findings will be used to support the Network in further community development activities, building the current networking infrastructure, and as a resource in the development of future grant applications.
Results

The purpose of this project was to increase the capacity of the Humboldt Perinatal Postpartum Support Network to improve access to mental health services through the process of planning and implementation of the two grant-funded trainings, and the implementation of the community outreach goals outlined in the Humboldt BRIDGES Partnership Agreement (2015). During this time the Network specifically sought to work toward strengthening the partnerships between service providers in the community. As a participant observer, I attended the four Network and subcommittee meetings that were held between the dates January 15th and February 17th, 2016. I also observed and participated in greater than 50 email discussion chains that were exchanged between committee members during this grant implementation period.

Observing the Network Through the Lens of Participatory Change

The framework for this project was based on the concept of participatory change. As defined by the Center for Participatory Change, participatory change is understood as the integration of community organizing, popular education and participatory development (Castelloe, P., Watson, T., & White, C., 2002).

Community organizing is the process by which people are brought together for the accomplishment of a task, this can be seen as capacity building activities or can be used in functional communities. In a functional community, groups of like-minded people will get together to share concerns, needs and issues, and engage in action
increasing the capacity research and interagency collaboration. This is the framework with which community organizing was incorporated in this project (Castelloe P. et al., 2002). This community organizing practice was highly utilized in this approach through the direct work of the Network.

The next key practice framework component was the popular education component. Within the work of popular education, practice is based on learning through experience and dialogue (Castelloe P. et al., 2002). This is done through the process of coming together and reflecting on the experiences. In this project, popular education could be seen in the planning meetings and the sub-committee meetings (Castelloe P. et al., 2002). As the Network comes together at meetings, new information is presented to the group in order to educate the Network stakeholders to aide in the spreading of information into the community. The educational component has also taken a step further in the work of the Network in the more recent educational outreach efforts that are continually being prepared and implemented by Network members. By the use of the outreach tools that are already created by the Network, such as the Beyond the Blues DVD, the magnets and further educational events that are held in the community (MCAH, 2016a).

The last component of the participatory approach is participatory development. Participatory Development focuses on the planning and development of projects to improve on the community’s wellbeing. As is the intention of the Network to increase the community’s capacity to support the health and wellbeing of mothers and families in the
county, this particular component is the most fundamental aspect of this project (Castelloe P. et al., 2002).

Participatory development is functional in this process because the project goal is to increase the capacity of the Network (Castelloe P. et al., 2002). A participatory approach is used in practice to build a community’s capacity through direct action and reflection. This is done by building on the strengths of the Network through meetings planning and implementing the proposed community interventions (Castelloe P. et al., 2002).

**Participatory Change Principal of Oligarchy**

There are two core perspectives of this framework that were paramount throughout this project. The first is that the strength of the movement is gathered through the participation of the people. All formal decision making should be made and were made by all of the participants. The Network meetings are held once a month, and all members are equally important members in this process. All decisions are brought to the Network as a whole to be decided upon and discussed until a consensus is reached.

The second core principal implemented from the Participatory Framework is that the leaders of the group should be viewed as representatives of the participants, and not as an oligarchy (Castelloe P. et al., 2002). The core attitudes and behaviors of the participatory approach includes behaviors such as believing in the people, listening to the people, drawing out their wisdom, asking questions and building alliances (Castelloe P. et al., 2002). At the Network meetings, all of the participants sit around a table with no
head. The meetings are run from an agenda that is created and the items are added based on Network member’s requests. All of the items that are brought up for discussion are listened to and discussed by all members. There is no one member whose opinion or ruling is more important than another’s. This is the nature of the Network, and the key framework principal that was implemented in this project. Throughout this process all decisions were passed through the Network, and in turn implemented by a self-selected representative. At each meeting that was held for selection and implementation of the trainings, outside of the regularly scheduled meetings, participation was optional and open to all Network members and was communicated through email correspondence all meetings were well attended with at least four people in attendance at each meeting.

**Spreading Awareness Through Existing Networks**

Spreading awareness of an issue and of events is a key factor in community organizing. The first item the Network chose to address in the planning and implementation process was how to spread the message about the two trainings. Due to the unique nature of the training, the selection committee had to determine who the targeted invitees would be, and how to publicize and recruit for the training. The Network wanted to ensure that all stakeholders were notified in a timely manner and properly informed as to the content of the trainings. As the size of the county is very large and rural, the Network was determined to spread the training opportunities throughout the county as best as possible. In some regions of the county there are higher numbers of mothers who may be at increased risk for PMAD.
As it is the mission of Humboldt BRIDGES to build upon the natural support systems in the community, the Network looked to participants of previous trainings, and individuals in the community who have already created successful support networks as the strength and core of our outreach efforts. The goals of the Network embrace the idea of accessing already existing community supports. The individuals who already invest in supporting mothers and families in the community are the leaders of the efforts to support maternal mental health. Ultimately, these individuals are where we had the bulk of our success and were the main participants of the trainings.

To recruit for the trainings, the Network took several different direct approaches. The first, and most impactful approach, was the in person recruitment and education. The Network is fortunate that it is comprised of representatives from many different agencies who were able to share the announcements by word of mouth marketing to varied individuals with ease. Each Network member took the information about the trainings back to their organization and recruited individuals.

The next way that the information was shared was with targeted individuals through a flier. As all of the representatives have access to different professional networks, the event was publicized with ease. The flier was distributed on multiple email lists through the county, private and public means, and representatives from the Network were able to advertise the trainings on a local public radio station.
Community Education Efforts Towards De-stigmatization

As a goal of the support Network, de-stigmatization is at the forefront of the mission of the members. The Network is working toward educating the community to help lessen the stigma attached to obtaining treatment for PMAD and other mood and anxiety disorders that individuals seek. It is essential that mothers feel safe and comfortable accessing the needed services. With efforts to take away the stigma, feeling some depression can be normalized and more mothers will be able to access the additional supportive services as needed. The Network is addressing this in a large part through the development of the support group model and through educational outreach efforts. It is the hope of the Network that with increased education, stigma will be decreased.

Community Action and Targeted Selection Criteria

The next item discussed was developing the criteria for the selection of the individuals and which agencies should be targeted, especially those who are serving populations at highest risk. The populations that the Network identified to focus on are: mothers who are in recovery, teenage mothers, Native American, low income, and Latinas. It was also reflected in the discussion, that some of the individuals in need of training are those working at agencies serving middle class mothers, as they are often overlooked. The committee identified this population as one that receives the least
amount of supportive services in this community, and because we know that PMADs do not discriminate.

Another very important component of this effort is outreach to mothers with lived experience. As is outlined in the goals of the Network, the goals of CHIP, the goals of the Humboldt BRIDGE’s grant, a targeted effort of this project is to bring in members of the community who are survivors of PMAD and have lived experience to share with the Network.

**Pro-Actively Addressing Barriers**

At many of the meetings the topics discussed included the barriers to building up the services in the community for PMAD issues. The first barrier is money. The Network is a group that is comprised of individuals from different organizations in the community and consequently does not have its own budget through which it can spend on goods and services. The Network is governed in part by the county, through which funding for the program is limited. Many of the goals and missions of the Network identified in this planning process required some access to funding. The funding that the Network was awarded was specified to not be used for food or staff expenses. BRIDGE’s funding is only to be allocated for trainings or providing services (Humboldt County DHHS, 2015). As a component of one of the trainings the contractors required that breakfast, lunch and snacks be made available for the three-day training.

Another barrier that the Network was faced with was in regards to selecting which individuals and agencies to invite to the training. In the rural county, many of the
organizations who serve women and children have limited funding and serve large populations of people. This represents a barrier when deciding who to invite, a potential barrier the Network anticipated was that the agencies cannot afford to be short of critical staff who would be off site for three entire days.

The other barrier anticipated was with agencies’ abilities to fund food and lodging for their staff. To address this, the grant proposal contained per diem and hotel funding and utilized the public education method to ensure that conversations with supervisors were used to convey the necessity and importance of the training.
Conclusion

The county is lacking in mental health resources in general. It was discussed in the literature review that Humboldt County has been identified as a Mental Health Professional Shortage Area (OSHPD, n.d.). This fact makes a direct impact on the lives of children and families. From the implementation of this intervention, more than eight people have become certified in Maternal Mental Health, and more than ten new Postpartum Depression Support Groups are set to begin this next year. This is one of the primary reasons that this specialized intervention is of value to the community.

Interventions that continue to build upon already existing community resources will create mental health access pathways for clients to obtain assistance through their own natural support systems.

Rural Aspects Challenge Participation

Although the Network strived to have participation from all areas of the county, we were not able to get representation from Eastern and Southern Humboldt. Our outreach was able to identify interested potential participants, however, they were unable to commit to the amount of time away from clients needed to attend the trainings, especially due to the shortage of providers in their communities. This further highlights the disparities that rural counties and regions within counties face. Even with incentives such as per diem food and hotel room rentals, agencies were not able to spare their invaluable staff for a three-day training. In an organization that serves vulnerable
INCREASING THE CAPACITY

populations, it is not feasible or wise to close the door to services for three whole days. It is also not feasible to implement individual trainings in those outlying regions, although individuals in those regions have been identified as at risk and may be in need of increased services, the numbers of people and providers in those areas do not make this fiscally possible.

**Network Strategic Plan and Vision**

The Network had already formulated goals from the community needs assessment that was conducted in 2014. One of the goals of the five-year action plan included the development of a strategic plan. As a process of the action plan the Network provided mental health, CWS and the Public Health Department statistics on the community. These statistics were to be given to the outside agency that was contracted to assist with the strategic plan. The combined data that was provided to the agency will be invaluable to the Network in instrumental in the ability of the Network in moving forward to assist mothers in the community. Within this process, the Network has outlined more goals for increasing maternal mental health services in the community.

As an example of community awareness the Network looked to other counties as examples of successful educational and outreach efforts. By looking in to what they were doing and what was working and to seek to modify this to fit the needs of our county. As the committee worked further on the planning of this project it became clear that increased awareness of the issues of PMAD were needed in the community. The committee decided to send a participant to another one of the other local committee
meetings to rally support for increased community education efforts. The Network was also able to do a public announcement of the upcoming trainings on a local public radio station.

This project has served as an opportunity to revitalize the vision and purpose of the HP&PSN to strengthen the role and connection of community supports beyond formal professionals. There are now mothers, community members, and representatives from agencies that move beyond the original Network members. The outcomes of this project have served to inspire and support the future community leaders and current Network efforts to support maternal mental health in Humboldt County will be more sustainable.

**Sustainability of Network Participants and Training Participants**

At the group facilitator training it was determined that the new support group facilitators are provided a list of all of the licensed clinical professionals in the community to refer mothers to when the needs are beyond the scope of practice of the facilitators. The Network has begun compiling the resources that were created in the trainings and is planning to compile all of the already existing resources for the facilitators in the near future. An added challenge to creating this new network of support group facilitators is having a resource and referral hub that participants can access that will be updated regularly. It was discussed by the Network what the plans are to manage these new resources. The subcommittee discussed which agencies had the capacity to be used as a resource and referral portal. It was decided that the information should be
distributed to at least three different agencies. Recipients of the Maternal Mental Health Certificate training will be included on the referral list.

Another agenda item that the Network discussed was to offer the training participants ongoing technical support and supervision. As most of the training participants are not going to be clinical professionals, it will be important for them to have ongoing support, and debriefing sessions, when challenged with complex issues arising in support group meetings. The Network has decided to offer ongoing supervision from a local Infant Family Mental Health Specialist.

Next Steps for the Network

As a next task, the Network will be working on developing a network resource list. The committee will be compiling a list of all the providers in the community who offer support and services to mothers within the prenatal and postpartum period, including a list of payments and insurance that they accept. As a result of the efforts of the committee, there has been an increase in people in the community who are uniquely trained and are aware of how to support women during this time period. Throughout the course of this project, the existing resources in the community were identified and new supports were built. The training activities that were implemented built on the natural strengths of the individuals who showed an interest in supporting this population and who have a desire to learn more.

Throughout the discussion it was identified that this community is lacking supports for mothers who have lost an infant or who have suffered a full term pregnancy
loss. The needs of mothers and fathers dealing with this loss are quite unique to all other kinds of bereavement. While this is a public health issue that is related to PMAD, it is unique in the needs that the mother will have. It is the recommendation of the representatives of the Network that individual supports be developed for these mothers in addition to the supports that were just created for PMAD.

As it is essential for community development to have all of the stakeholders at the table, in the contracts that the subcommittee developed for the individuals attending the training, it was written as a stipulation that attendees were required to attend the monthly PMAD meetings or send the committee quarterly reports on the progress and success of the information that they learned in the training, in their practice.

While it is difficult to determine whether or not the marketing and publicity made an impact on the registration of individuals for the training, word of mouth awareness and the digital publications certainly reflected an increase in the amount of people who attend meetings and reinvigorated the passion of those who regularly attend.

**Personal Reflections**

From the perspective of the researcher, I noticed that throughout this process many of the Network members showed an increased involvement in the meetings as the planning process proceeded. In the beginning of the cycle there was an average of eight to ten people who attended the meeting. In the last meeting in February there were greater than fifteen people in attendance. This was a very impactful process that served to rejuvenate the vision of the Network. It was clear to me, as a participant observer that the
INCREASING THE CAPACITY

functional planning and implementation of the trainings increased the amount of people attending the meetings. After the training planning was finished, there was also an increase in the amount of community education efforts that started emerging from Network members on PMAD.

As an active participant during the Network meetings, I felt that we were able to create a team that moved forward with a common goal. While at times I took the lead on the ground work of getting the pieces together to plan the training and the technical support pieces, much of the process was a shared experience between all of the participants. One person would take the lead on the fiscal parts, another would work on the registration while another was working on the outside communications. The process had an ebb and flow to it that seemed to materialize in a natural way.

The process of this project really emphasized to me the importance of team work, team decision making and collaboration. As I was the primary on this project, along with my community partner, I often was taking on a bit more of the responsibility for the implementation of the trainings than I should have been. As a facilitator in this role I feel like I could have improved upon delegating tasks in order to ease some of the stress involved with logistics, and to ensure that I would not be reaching out for help out of desperation at the last minute.

As a student and as a professional, I gained a great deal of new skills and knowledge from the experience of participating with the HP&PSN and from planning and implementing these community interventions. I really feel as though I am now, an important, contributing member of a Network of professionals that are invested in
increasing the capacity of women and families in our community. As a student, I was humbled by the wealth of knowledge that is gained through experience in the field. This is knowledge that cannot be taught in a book, and I was fortunate to have had the opportunity to learn from some very wise, and experienced women. Personally, I have grown in humility and have gained some very important skills in prioritization and multitasking, it was hard for me to juggle all of the new demands that I had taken on and it took me awhile to adjust. As the semester progressed, I also felt like I gained a better understanding of professional communication and the importance of following through on what I say I am going to do, in a timely manner.
References


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