



PARENTING WHILE DIVERSE MULTICULTURAL RESEARCH STUDY

RECOGNIZING THE NEED,
FILLING THE GAP,
PROVIDING ACCESS TO RESOURCES.

In Partnership with **CulturaliQ**



Life With A Baby
Real Parents • Real Challenges • Real Help

Content warning: The following covers inequity and sensitive topics, that could be triggering for some. Please proceed with care.

GLOSSARY

PMADs

Perinatal or postpartum mood and anxiety disorder (PMAD) is the term used to describe distressing feelings that occur during pregnancy (perinatal) and throughout and after pregnancy (postpartum).

BIPOC

Refers to members of Black, Indigenous and People of Colour (BI-POC) communities in Canada. We recognize the movement in social justice circles to move towards the term Black, Indigenous and People of Global Majority (BIPGM) but chose BI-POC for this study, as it represents Canadian communities.

2SLGBTQIA+

Is an acronym that means 2Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual. Throughout the report, we used the terms that respondents provided to us to identify them.

EXECUTIVE SUMMARY

As North America's largest parent peer-support network, Life With A Baby (LWAB) has emerged as a pivotal advocate for brokering change in the recognition, treatment, and stigma of maternal mental health.

In 2021 Life With A Baby commissioned an original research study, 'Maternal Mental Health: Is Canada Doing Enough?' to determine the specific gaps in access to perinatal mental health support services across Canada.

The disappointing results of the study indicate that many across the country do not have access to the mental health support they need to thrive as parents. Life With A Baby endeavoured to investigate further. If gaps existed for the average Canadian, what was the experience of the racialized, marginalized, newcomer, underrepresented and systemically excluded parents? Such was the impetus for this research undertaking and report. With a mission to develop more services for underrepresented parents, coupled with the support of the Bell Let's Talk Community Fund, LWAB is developing a BIPOC Phone Support Line designed to meet the unique needs of BIPOC families.

This National study is commissioned with funding partners who selected CulturalIQ to execute a thorough research effort within its extensive national panel (CulturaPanel) to determine current beliefs and identify any shortcomings in the current service availabilities for racialized, Indigenous and 2SLGBTQIA+ parents seeking support for Perinatal or Postpartum Mood and Anxiety Disorders (PMADs). As such, the questions aimed to decipher the current usage patterns of organizations and community agencies for racialized, Indigenous and 2SLGBTQIA+ parents across Canada.

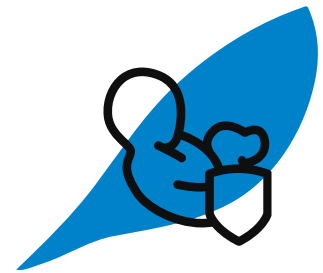


The participants in this study were not members of or associated with Life With A Baby and responded to a specifically structured questionnaire - the results of which form the foundation of this White Paper.

Based on this study's results, coupled with the knowledge garnered from the 2021 study, the solution lies in addressing the severe gaps in access to services, not availability. Indeed many services and programs exist (though not enough). However, awareness, knowledge of, adaptations and promotion of such programs among the communities they are meant to serve are severely lacking.

Life With A Baby has a mandate for continuous improvement in service design and delivery that catalyzes our research and development. Barriers first need to be identified, and then a strategy is drafted to address each unique need and facet.

As such, following the mantra that we all work together for the good of all, we hope this report catalyzes other health organizations and systems, practitioners, and researchers to undertake similar approaches to closing the gaps in continuous care and mental health support services and resources that are accessible to all.



ACKNOWLEDGEMENT

Life With A Baby Foundation would like to express our great appreciation to our funders at Bell Let's Talk through the Bell Diversity Fund. Funding helps us to bring forward important studies such as this one. CulturalIQ was a vital partner in our ability to deliver pertinent data, insights and analytics to inform and interpret impactful research, program development and diverse outreach.

We are grateful for the help and support that enables us to draw closer to meeting our vision of a world where maternal mental health is a priority.



INTRODUCTION

Life With A Baby provides peer support services designed to help parents of young children in preventing and addressing PMADs using the behavioural activation model. While this model works for many parents with families of all types and walks of life, there is a growing need to expand to better serve and support the unique needs of racialized, Indigenous and 2SLGBTQIA+ parents who face additional challenges in sourcing and receiving mental health services and support.

With this study, LWAB and its funding partners are working to identify any cultural and emotional impediments hindering the initialization of the process to seek support, while also identifying the pragmatic realities around awareness, regional availability, costs & availabilities of services which further impede the process of initializing access to support.

This National Study attempts to better understand the existing nature of how racialized, Indigenous and 2SLGBTQIA+ parents are currently processing their PMADs experiences, where their current inclinations toward support lie, and to discover the potential need for a valuable widening of available services from mental health services and support providers.

As emerging cultural and familial dynamics continue to expand, so too must the awareness and understanding of these shifts and the attitudes and motivations affecting the decision to initiate access to support. The inherent challenges in the mental healthcare infrastructure cannot be solved alone. We must work together to improve the standard of continuous care by addressing each systemic barriers currently inherent in the infrastructure and designing solutions and actions to eliminate the disconnect between a desire to provide every parent in Canada with the mental health services they deserve and the ability to provide said care.

This report presents the major findings of our study on Parental Support Agencies and the attitudes on mental health issues from racialized, Indigenous and 2SLGBTQIA+ parents.





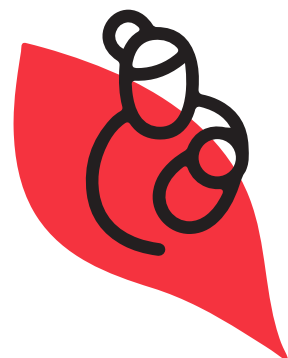
DEFINITION OF PMADS

Many women experience changes in their mental health during pregnancy and the year after birth. One in five women will experience a mental health condition during pregnancy or in the year after birth.

The World Health Organization (WHO) defines maternal mental health as “a state of well-being in which a mother realizes her own abilities, can cope with normal stresses of life, can work productively and fruitfully and is able to make a contribution to her community.”

When confronted with mental illness, many women are unable to function in a way that allows them to contribute at a level that is consistent with WHO definitions.

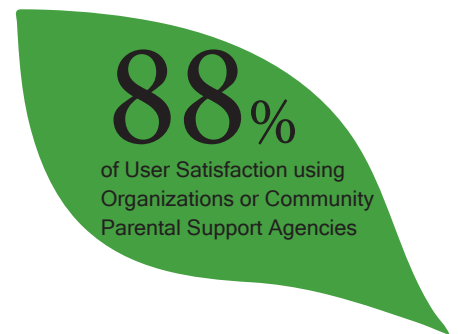
These have been described as Perinatal Mood and Anxiety Disorders (PMADs), and include anxiety, mood disorders, psychosis or obsessive-compulsive behaviour. These describe distressing feelings that can occur during pregnancy, and after birth. These are on a continuum, from mild, moderate, or severe. PMADs can affect the entire family unit, not just the postpartum parent.



PRE-EXISTING BELIEF SYSTEM

The realities of prior access to parental support programs (for both mental health and non-mental health related support) have set the tone for a positive inclination toward future use.

64% of the participants have made use of any Parental Support Agencies in the past, and the resulting User Satisfaction scores from that engagement point toward trust in future usage opportunities. The satisfaction level from those previous experiences returned a score of 88% on being either somewhat satisfied or very satisfied with their overall experience using organizations or community agencies aimed at parents.



Individual comments support these results.

“My experience with Earlyon Centres is awesome. They teach in such a fun way.”

South Asian, 25-34, Woman, 3-5 years in Canada, Ottawa.

“Great place to hang and meet other parents and children. Great educational resource and to help build a support network in my community.”

Chinese, 35-44, Woman, born in Canada, Toronto.

“The positive thing about using community agencies aimed at parents is you can ask questions and get help about raising a newborn.”

Chinese, 25-34, Woman, <3 years in Canada, Toronto.



These results and comments indicate that the overarching body of all services available to parents has made a very positive impression.

However, as we narrow our research to pinpoint the feelings about those specific services made available for mental health issues (including PMADs), the results and attitudes become more clear.

BARRIERS TO ACCESSING PMADS SUPPORT IN ITS CURRENT FORM OF ACCESSIBILITY

When the parental services being considered turn toward mental health support, we see additional barriers inside the nuanced structure of family support existence as well as the current structure for access to community agency services.

Awareness. Accessibility.
Shame. Internalization.
Language & Culture.
Everyday Stress.



AWARENESS



When the questions based on the broader parameter “community agencies aimed at parents” were narrowed down to the specifics of PMADs, we see the responses expose a lack of awareness to these more specific services.

36%

respondents had not made prior use of a parental support agency

A potential preview of this was found in the results from the 36% of respondents who had not made prior use of a parental support agency. Of this group, an impactful 59% stated they were simply unaware of these community agencies. In addition, within the 62% of respondents who declared having experienced PMADs, 38% said they did not know where to turn for more information.

This issue is still a concern even with 2nd generation Canadians.

“These agencies do not actively promote their services, so parents are not too aware about these places.”

Chinese, 35-44, Woman, born in Canada, Toronto



ACCESSIBILITY

Once a decision had been made to explore accessing these services, an additional frustrating barrier is limiting successful completion of accessing help. In these cases, even though there is an awareness of the existence of a support service, the ability to conveniently access the service can be too limiting.

“I felt like these centres weren’t very available. I asked my Latino family Doctor who referred me to a psychiatrist, but he didn’t know about any programs or organizations otherwise. I would have preferred going to a community agency for help instead.”

Latino, 25-34, 6-10 years in Canada

“Every time I tried to get help in Canada for mental or physical health issues it has been horrendous. It is so frustrating to get an appointment with a specialist.”

South Asian, 35-44, Woman, 3-5 years in Canada, Vancouver

With the challenges for accessing these physical storefronts, it is no surprise that when asked which method of contacting an agency was preferred, the telephone was the #1 choice.



SHAME

The concern about being judged is pervasive, but the willingness to share mental health issues with ethnic peers going through the same parental issues is encouragingly high.

When asked if they would be reluctant to ask for help dealing with mental health, we see an agreeability score of 63%. When asked if they would feel ashamed or worried about people finding out, the agreeability score was 47%. Lastly, when asked their opinion if there is a stigma in discussing emotions of distress or anxiety as it relates to PMADs in their culture, the agreeability score was 62%.

63%

respondents are reluctant to ask for help with mental health

Offsetting these results around shame & judgement, we see a 75% positivity rate on the topic of the comfortability to meet with other parents from the ethnic community to discuss mental health issues. It seems that judgement by those not aware of the PMADs realities is certainly a barrier, but the willingness to engage with peers going through a similar issue is high.

“Being a mother has so much guilt that comes with it already and I don’t want anyone from my Arab community to know that I couldn’t do it.”

Arab, 35-44, Woman, 10+ years in Canada, Calgary

“As a Black person I don’t want to feel judged.”

Black, 25-34, Woman, 3-5 years in Canada, Toronto



INTERNALIZATION



The inclination to handle things on their own will keep people from choosing to access agency services.

88%

participants confirmed they had experienced mental health issues

88% of participants confirmed they had experienced mental health issues. Of that group, an agreeability score of 42% came back when asked if they turned to themselves for exploration and self-help to navigate through their PMADs.

Worry over community judgement also keeps this group internalizing inside their own family group. Scores of 55+ were returned when asked if they turned to family or spouse, but only 20 or less for the option of turning to an existing available agency service.

The perception of using an impersonal process to handle such a personal issue may be part of these response rates.

“I found it difficult to relate or communicate my feelings to random people.”

Black, 35-44, Man, 3-5 years in Canada, Toronto

“I always hesitate to talk about my personal matters with strangers.”

South Asian, 25-34, Woman, 6-10 years in Canada, Vancouver



LANGUAGE AND CULTURE

The awareness of a need for PMADs support and services are being impeded by language and cultural issues.

“After the first pregnancy every mother needs support. She needs physical, mental and emotional support. But I did not get it because of a language barrier.”

South Asian, 25-34, Woman, 3-5 years in Canada, Toronto

There are some interpretation issues around the cultural uniqueness of parenting style.

“So much support for different types of parenting but the key negative is that there is so much scrutiny of how a child should be raised – I am Black, and in my culture, I raise my child more strictly than a white person.”

Black, 25-34, Woman, Born in Canada, Toronto

21% of racialized, Indigenous and/or 2SLGBTQIA+ parents perceive that parental support agencies are non-inclusive.



EVERYDAY STRESS



Financial issues and time stress issues are a barrier to accessing service.

FINANCIAL STRESS

“I did not get professional help because I could not afford it.”

Black, 35-44, Man, 6-10 years in Canada, Hamilton

“I am not completely aware about such organizations, but I think these organizations would be so expensive.”

South Asian, 18-24, Woman, Less than 3 years in Canada, London

“I have financial barriers.”

Black, 35-44, Woman, 6-10 years in Canada, Hamilton

TIME STRESS

“They are great but need more locations to access properly.”

Filipino, 35-44, Woman, 6-10 years in Canada, Ottawa

“They have inconvenient locations.”

South Asian, 45-54, Man, 6-10 years in Canada, Toronto

“Lack of time and didn't know where to go.”

South Asian, 35-44, Woman, 10+ years in Canada, Montreal

80%

of parents who are experiencing mental health issues are not using the services of agencies specializing in mental health



BARRIERS SUMMARY

The barriers to accessing organization and agency services are twofold. First are the issues surrounding leaving their household environment to pursue help. And second are the issues about feeling comfortable with the physical environments provided by these organizations and agencies.

There are many personal and familial layers to consider and navigate before the important decision to pursue agency help outside of the household is initiated.

For the many issues noted, it seems that the sources for help as they available today, are not conducive for access by a wide portion of racialized, Indigenous and 2SLGBTQIA+ Canadians who have existing impediments keeping them from making the decision to actively seek help outside the home at community centres or medical offices.

If that decision to pursue help outside the home is made, then there are some subsequent barriers which need to be faced and navigated properly.

A widening of available service opportunities need to be considered.



PREFERRED METHOD OF CONTACT

Convenience. Anonymity. Accessibility. Peer-Based Environment.

Of the many major findings this report presents, the consistent presence of issues surrounding privacy and relatability remain high ranking concerns across all topics.

- Am I able to control who will know, and who will not know, about my decision to pursue the services of a community agency for my mental health issues as a new parent?
- Once I have made the decision to access help, will the workers helping me be of a similar experience and circumstance?

This is often about having control of who this will be shared with as well as trusting those who end up providing care.



CONTROL AND SHARED EXPERIENCES

Convenience, anonymity, and availability are the base needs this study has shown to represent how the addition of a telephone service would make a powerful impact on inclinations for future use.

For a racialized, Indigenous and 2SLGBTQIA+ parent considering the process of seeking help for their PMADs, the current system of having only storefront options is significantly limiting. Limited hours of operation. Loss of control over who may become aware of your decision. Unknown trust levels for caregivers and unknown concerns about the lack of relatability are barriers that must be removed.

This study has identified the two separate, and consecutive, points that are keeping new ethnic parents from seeking help. Each needs to be navigated, and each with their own respective barriers. There are internal familial and cultural issues keeping ethnic parents from making the important move to leave the house for a storefront solution. And then, once the individual has made that difficult decision to leave their household for help, the second level of concerns arise, that the atmosphere & environment at the organization or agency will again make it challenging to access that available help.

Having control over the process of access and having control over who may or may not become aware are both addressed by the introduction of a telephone service provision to racialized, Indigenous and 2SLGBTQIA+ parents.

The summary of findings from this study represents these major issues plus the additional items needing consideration.



CONCLUSION

Convenience, anonymity, and accessibility are the base needs this study has shown to represent how the addition of a telephone service would make a powerful impact on inclinations for future use.

For racialized, Indigenous and/or 2SLGBTQIA+ parents considering the process of seeking help for their PMADs, the current system of having only storefront options is significantly limiting.

This study has identified two main barriers that are keeping racialized, Indigenous and/or 2SLGBTQIA+ parents from seeking help:

- Internal familial and cultural issues that are hindering the decision to seek out a storefront solution
- Concerns about the atmosphere & environment at the storefront location for the organization or agency

Having control over the process of access and having control over who may or may not become aware of the racialized, Indigenous and/or 2SLGBTQIA+ parent seeking help are both addressed by the introduction of a telephone service provision.



LWAB ACTION PLAN

This is not just another report—it's an action plan. We will use the results from this study to establish change in our organization, and to share the findings with other agencies that work with BIPOC and 2SLGBTQIA+ parents.

The most urgent finding revealed that many people (59%) report a lack of awareness as a barrier for using parental support agency services. As a result, our first focus will be to expand our promotional and outreach activities to a wider range of platforms and types to reach all parents.

We are also working to develop a national telephone support system to support the unique needs of BIPOC parents. Though many telephone-based lines exist, none are currently geared to BIPOC parents. We intend to develop a service to fill this gap.

Recommendations to other service providers:

- Review and adjust all communication materials and platforms to be more accessible, gender-neutral and sensitive to the range of family types that exist in Canada.
- Expand promotional and advertising platforms, mediums and types to increase outreach and awareness to underserved communities and groups.
- Review and consult staff and leadership roles to determine a systematic plan to diversify to better represent the service area and incumbent populations, and newcomers, and provide in-language/multilingual options wherever possible.
- Review, expand and develop an increased offering of culturally sensitive and diverse programs and services.

59%

reported lack of awareness as a barrier for using parental support agency services



Thank you for taking the time to read our report.
Please visit our website for more information
lifewithababy.com/LWABMulticulturalResearchStudy
or reach out to us at info@lifewithababy.com.



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