

## Healthy Start FAQ: Ask the Expert: Stress, Depression, and Resilience



On Tuesday, February 24, Dr. Mask Jackson facilitated an Ask the Expert webinar for the EPIC Center, focusing on the impact and measurement of stress, depression, and resilience in mothers and how these elements affect pregnancy outcomes. In case you missed the presentation, please feel free to listen to the recording and/or review Dr. Jackson's slides [here](#).

### The Role of Stress in Home Visiting Programs

**Given the challenge of measuring cortisol levels in home visiting programs, are there any studies that measured stress through a questionnaire?**

Dr. Mask Jackson has developed a tool called the Contextualized Stress Measure that indicates levels of stress in pregnant African American women. The tool is intended to serve as a predictor of depression. Plans are underway to test this tool in a home visiting program. Please contact Dr. Mask Jackson at [fledamjackson@gmail.com](mailto:fledamjackson@gmail.com) to request a copy of the tool.

**How important are home visits in reference to assisting participants with stress reduction?**

The Home Visitation model is a great model. A program out of Cleveland uses home visitation as a method for dealing with depression, and the same method could also be used with stress given that depression and stress often operate together. Teaching women how to breathe and operate mindfully could certainly fit well in the Home Visitation model.

### Changing the Conversation around Stress

**Given the taboo around discussing mental health, how can grantees encourage women to talk with their primary care provider about mental health needs, especially in rural areas where maintaining privacy can be a challenge?**

This is a really important question. Dr. Jackson noted that patients are much more receptive to talking about stress rather than mental health. Most individuals will acknowledge that they experience some form of stress, normalizing this shared experience. Given that most people do not seem to shy away from talking about stress, offering opportunities for women to come together and talk about stresses can help foster trust and healthy dialogue. New York has presented a proposal for universal depression screening for legislative review, which would support providers in assessing mental health issues. Providers must begin to provide these stress and depression screening services as parts of integrated care rather than strictly upon referral.

**What at a minimum should Healthy Start sites do to change the conversation about stress and its impacts on women and/or the community?**

Healthy Start sites need to provide an avenue through which women can dialogue about the stresses they have in addition to the assets available to relieve some of these stresses. Approach the engagement processes by elevating the assets among the women served by Healthy Start. Programs should further advance the benefits of improved nutrition, exercise, mindfulness, and meditation as coping mechanisms to relieve stress. Healthy Start is well positioned to address stresses and relief options given the data around stress and its overlap with the prevalence of communities served by Healthy Start.

In addition to highlighting available assets, clearly articulate the deleterious effects that stress has on mother and child and that these consequences are both acutely and chronically harmful.



**What can sites do to encourage participants to accept the importance of identifying and reducing stress? Are incentives an option?**

Generally speaking, Dr. Mask Jackson has found that there doesn't seem to be a social prohibition against discussing stress. With that said, offering discussion around stress in a safe space provides women with an opportunity for relief and to understand the normalcy of experiencing stress. As a provider, deliberately and explicitly underscore that stress has a clear emotional impact in addition to a subsequent biological deterioration that occurs with unrelenting, chronic stress. Let your clients know that there is scientific evidence connecting cumulative stress in mothers to the health of their babies. This multilevel decline necessitates attention and relief. Some sites have conducted a media campaign to encourage women to engage in self-care.

While incentives might encourage participation in stress-relief practices, the benefits of this option will depend on the population at hand. Alternatively, heightening awareness around the long- and short-term consequences of stress can engage participants in discussion and the seeking out of stress relief.

**Is there certain language that you would use other than "stress" when developing a group (i.e., Healthy Relationship)?**

In general, stress doesn't hold the same level of stigma as that carried by depression for many people. An alternative, however, to focusing on stress might be to promote the importance of reaching a positive destination such as a healthy relationship. Working towards a desired destination can be a more positive approach to raising and addressing issues of stress and mental health.

**Research and Resources for Understanding the Impact of Stress, Depression, and Resilience**

**How do different types of stress affect pregnancy?**

Acute stressors accumulate, adding to the presence of pre-existing chronic stressors, a combination which is harmful to the mother's health and contributes to poor pregnancy outcomes. Traumatic stress makes a woman vulnerable to a number of negative health impacts (cardiovascular function, hypertension, etc.) and adverse pregnancy outcomes.

**How would you promote this information on the role of stress, depression, and resilience in the legislature to bring change?**

For a long time, Healthy Start programs have been built around a Social Determinants of Health model. Legislatively, it's important to communicate that the concerns about wages, housing, and racial profiling are Social Determinants of Health factors, all of which threaten births of healthy babies. From a legislative standpoint, these matters must be attached to ones known to be vital to the communities served by Healthy Start. Issues must not be siloed and isolated. For example, struggles with accessible public transportation directly influence a woman's ability to make her OB/GYN appointments.

Legislative change comes from being a part of the discussion, advocating around the social determinant issues, and continuing to fight the causes that adversely impact the women served by Healthy Start, such as racism and sexism.

What resources are available around the research regarding the correlation between racism and poor birth outcomes?



Dr. Jackson encourages grantees to look at the research of Diane Rowley, Vijaya Hogan, and Tyan Parker Dominguez. Much of the work completed in this arena illustrates that the stress of racism and sexism have deleterious effects on women's health. Much of this literature also addresses issues around poverty and how poverty links to race, ethnicity, and region and poor health outcomes.

Given the number of tools available to assess depression, are there any tools that assess stress?

There are some well-established tools implemented in assessing stress, specifically the Cohen Stress Tool. Alternatively, Dr. Mask Jackson often implements the Jackson-Hogue-Phillips Contextualized Stress tool.

If you have interest in additional tools, please contact Dr. Mask Jackson at [fledamjackson@gmail.com](mailto:fledamjackson@gmail.com) for other established, validated, and reliable tools that provide indications of generalized stress.