

## 2019 SAHM ANNUAL MEETING

### Platform Research Presentations: Psychological Well-Being: International Transcultural Perspectives

1.

#### UNDERSTANDING THE HEALTH HARMING LEGAL NEEDS OF ADOLESCENTS

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**Purpose:** Many of the social conditions at the root of poor health can be attributed to civil laws that are unfairly applied, often leading to improper denial of services and benefits designed to help people lead healthy lives. Medical Legal Partnerships (MLPs) integrate the efforts of health care and legal aid providers to effectively identify, treat and prevent health-harming legal needs by treating patients' needs with legal care. Few MLPs address specifically address the needs of adolescents, for whom ethical considerations of autonomy, legal boundaries of capacity and structural barriers related to age complicate legal solutions. The purpose of this study was to better understand the range and complexity of unmet legal needs experienced by youth aged 14-17 years, and the impact those unmet needs have on their health and wellbeing. Perceived barriers to legal intervention were also examined. This work represents a first step toward developing a targeted screening tool for identifying actionable health-harming legal needs among adolescent patient populations so that they may be provided with responsive civil legal aid services through adolescent-tailored Medical Legal Partnership.

**Methods:** Qualitative descriptive methods, which are useful for generating straightforward summaries of information to guide future intervention, were used. Semi-structured interview questions were informed by a comprehensive review of the literature to identify the range of adult legal needs currently addressed by MLPs, and a series of informal conversations with health care and legal care providers who work with adolescent populations to obtain anecdotal information regarding the unique needs of adolescents. Interviews were conducted by phone with 16 adolescents; and two attorneys, two health care providers, and two social service providers who work extensively with high-risk adolescent populations. All data was reviewed independently by the authors, and low-inference content analysis was conducted. A case-ordered meta-matrix was used to organize and summarize the data.

**Results:** Identified areas of unmet legal need involved barriers to accessing health care, school accommodation based on disability, discrimination in schools by school personnel based on adolescent characteristics, interpersonal violence between adolescents, child maltreatment, family law issues when adolescents are caretakers or when teens are in need of caretaking, immigration, sealing of criminal records, and name/gender marker changes. Adolescents identified more than 30 different ways in which their health and wellbeing was impacted by these unmet needs, many of which have the potential to significantly alter their life's course. Perceived barriers to legal intervention included fear or distrust, limited resource literacy, parents, decision-making capacity, concerns about mandatory reporting, ambiguous/conflicting legal interpretation, perceived expense and time/inconvenience.

**Conclusions:** Adolescents experience a wide range of unmet legal needs, most of which differ substantially from those typically screened for among adult populations - and the impact is potentially devastating. This study provides a blueprint for designing a screening tool that identifies the unique health-harming legal of adolescent patient populations so that they may be provided with responsive civil legal aid services through Medical Legal Partnership.

**Sources of Support:** This study was funded by the Indiana Center for AIDS Research Signature Center at Indiana University

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2.

#### THE RISKS OF EXPERIENCING DISCRIMINATION AS A SEXUAL MINORITY: VARIATIONS ACROSS CULTURES

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**Purpose:** To determine whether perceived discrimination of being a sexual minority is associated with substance use and mental health outcomes among adolescents in five urban sites across the world.

**Methods:** Data were from female and male adolescents aged 15-19 from Baltimore, Maryland, USA; New Delhi, India; Ibadan, Nigeria; Johannesburg, South Africa; and Shanghai, China (N=2,339) who participated in Phase 2 of the Well-being of Adolescents in Vulnerable Environments (WAVE) study, which utilized respondent-driven sampling to recruit adolescents for a cross-sectional survey from economically disadvantaged neighborhoods in each site. The prevalence and association of sexual orientation and discrimination, substance use (alcohol, tobacco, marijuana, and illicit drugs), and mental health outcomes (depression and suicidal ideation and attempts) among sexual minority adolescents in the 5 cities is described. Multivariate logistic regression models were used to estimate associations of sexual orientation and discrimination with substance use and mental health outcomes among adolescents in each city.

**Results:** Across all sites, 18.4% of the sample identified as a sexual minority, which ranged from 16% in Johannesburg to 37% in Ibadan. In the bivariate analysis, the prevalence of at least one substance use and/or mental health outcome was significantly higher among sexual minority adolescents than heterosexual adolescents across all 5 cities. Sexual minority youth in Baltimore had significantly worse substance use and mental health outcomes across 6 of the 7 outcomes observed. With the exception of New Delhi, adolescents who perceived discrimination were also significantly more likely to use substances and have poor mental health outcomes, regardless of their sexual orientation. In the logistic regression, a pattern of multiplicative effects emerged across sites, with discrimination compounding the effects of sexual minority status. For example, in Baltimore, sexual minority youth were 3.79 times more likely to report alcohol use in the last 30 days ( $p < .01$ ; 1.80 – 7.98); yet if they experienced discrimination, they were 8.59 times more likely to report alcohol use in the last 30 days ( $p < .001$ ; 5.10 – 14.48). Similar patterns were observed for other substance use and mental health outcomes.

**Conclusions:** Sexual minority adolescents, specifically those who perceive discrimination, are at higher odds of substance use and poor mental health outcomes across different urban sites around the world. While the number of outcomes that are impacted is not stable across cities, the pattern is the same. This demonstrates the impact of sexual minority status and subsequent discrimination on the psychological well-being of adolescents, irrespective of the cultural context. Interventions need to focus on not only improving outcomes for sexual minorities, but also reducing discrimination on behalf of others, in both developing and developed countries.

**Sources of Support:** Astra Zeneca

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3.

#### **CHATTING OR SNAPCHATting? DEPRESSED ADOLESCENTS' AFFECT DURING TECHNOLOGY-ENABLED AND IN-PERSON SOCIAL INTERACTIONS**

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**Purpose:** Adolescents are constant users of communication technology with 95% having access to a smartphone and 94% using social media. An observed link between social media use and depression has fostered concern that online interactions are contributing to weak social ties; however, the veracity of this association is under debate as findings are inconsistent and rely heavily on potentially biased self-reports. Furthermore, this work rarely considers how other types of mediated interactions (e.g. texting or voice/video calls) or face-to-face conversations could have a more positive impact on mood. This study examined whether adolescents suffering from at least mild depression were experiencing different levels of positive affect, negative affect, and sadness when engaging in different types of social interactions (e.g. social media, texting, voice/video calls, and face-to-face conversations).

**Methods:** Patients aged 14-19 who scored at least a 5 on the PHQ-9 were recruited from a large, urban adolescent medical clinic. Following a 7-day ecological momentary assessment (EMA) protocol, participants received surveys directly through their personal smartphone (or one provided to them), which asked them to report if they were using social media (reported on 14.4% of surveys), texting/messaging (13.9%), making a voice/video call (2.4%), or having a face-to-face conversation (19.4%). Subscales of the Positive and Negative Affect Schedule were used to assess participants' positive affect, negative affect, and sadness at each EMA survey. GEE analyses correcting for non-independence of the data compared the affect scores across the different types of social interactions while adjusting results for age, gender, race/ethnicity, and PHQ-9 score.

**Results:** The 55 participants were an average age of 17.42, included 37 (67.3%) females, and were racially/ethnically diverse (27.8% White, 29.6% Black, 27.8% Hispanic, and 14.8% mixed-race/other). Participants had an average PHQ-9 of 11.2 and completed an average of 17.76 EMA surveys (51.15% response rate). When participants reported using social media, they had significantly higher levels of negative affect compared to moments when they were not using social media ( $B = 0.072$ ,  $CI = 0.003, 0.141$ ). Conversely, when they reported voice/video calls they had lower levels of negative affect ( $B = -0.128$ ;  $CI = -0.255, -0.002$ ) and lower levels of sadness ( $B = -0.295$ ;  $CI = -0.581, -0.009$ ). When adolescents were engaging in face-to-face conversations, they were experiencing higher levels of positive affect ( $B = 0.180$ ;  $CI = 0.045, 0.316$ ). Overall, participants' negative affect was 20.8% higher when using social media and their positive affect was 18% higher when in face-to-face conversations.

**Conclusions:** When using social media, adolescents with at least low levels of depression experienced more negative affect, but when they were making video/voice calls or engaging in face-to-face conversations their negative affect was lower and their positive affect was higher, respectively. These results are consistent with other findings showing that the more adolescents use social media, the more symptoms of depression they experience. Encouraging face-to-face interactions may give adolescents with depression the opportunity to experience positive affect and, at least temporarily, improve their psychological well-being.

**Sources of Support:** Boston Children's Hospital Faculty Career Development Fellowship

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4.

#### **GETTING A GRIP ON MY DEPRESSION: A GROUNDED THEORY EXPLAINING HOW LATINA ADOLESCENTS EXPERIENCE, SELF-MANAGE, AND SEEK TREATMENT FOR DEPRESSIVE SYMPTOMS**

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**Purpose:** Latina adolescents are more likely to experience depressive symptoms and less likely to receive mental health services than White peers. Although evidence-based treatments exist to treat adolescent depression, few treatments have been modified to meet the cultural needs of this population. In order to develop culturally sensitive strategies for preventing, identifying, and treating depressive symptoms in Latina adolescents, it is necessary to understand how they experience, self-manage, and seek treatment for their depressive symptoms over time from their own perspective. The purpose of this study was to develop a theoretical framework that explains how Latina adolescents experience, self-manage, and seek treatment for their depressive symptoms.

**Methods:** Constructivist grounded theory methods were used to develop the theoretical framework. Twenty-five Latina adolescents and young adults (mean age=16) with a history of depressive symptoms during their adolescent years were recruited from primary care and community settings using purposive sampling. Semi-structured interviews, lasting approximately one hour, were conducted in English with all participants. Data analysis procedures followed guidelines described by Charmaz and included four levels of coding (initial, focused, axial, and theoretical).

**Results:** Participants experienced a psychosocial problem that we labeled Being Overburdened and Becoming Depressed. Participants described how family conflict, pressure to succeed, discrimination, and fears of deportation contributed to the formation of their depressive symptoms. They responded to this psychosocial problem through a psychosocial process we labeled Getting a Grip on My Depression, which consisted of five phases: 1) hiding my depression, 2) keeping my depression under control, 3) having my depression revealed, 4) skirting treatment for my depression, and 5) deciding to move on from my depression. The Latinx family, peer groups, and mainstream authorities were influential in how participants experienced these phases.

**Conclusions:** This study contributes to our understanding of how Latina adolescents experience and self-manage depressive symptoms and has important implications for research, practice, and policy. Future research should further refine this framework through recruiting a larger and more diverse sample of Latinx youth. Practitioners can use this framework as a springboard for discussions with Latina adolescents about cultural stressors they may be experiencing and the impact of those stressors on their mental health. Because participants resolutely hid their depression from parents, practitioners should provide confidential consultation to Latina adolescents and be transparent about instances in which they may need to break confidentiality. National immigration policies that provide more expedient pathways to citizenship and allow immigrant families to remain together in the United States will minimize the stress that this population experiences, ultimately promoting psychological wellbeing for Latina adolescents.

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5.

#### STRESSFUL LIFE EVENTS AND THE RISK OF UNINTENDED PREGNANCY: IMPLICATIONS FOR TOXIC STRESS AND REPRODUCTIVE HEALTH DISPARITIES DURING ADOLESCENCE AND YOUNG ADULTHOOD

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**Purpose:** Stressful life events (SLEs) experienced during childhood and adolescence are of particular concern given their potential to alter critical bio-psycho-social developmental processes, subsequently contributing to toxic stress and its long-term physical, mental, and social consequences. Socially disadvantaged groups, such as minority and poor young women, are particularly vulnerable to toxic stress; stress is a direct contributor to health disparities. However, studies to date on mental and reproductive health have seldom investigated the complex social context of stress or chronic stress exposure using life course perspectives. We prospectively analyzed the effects of SLEs on risk of first pregnancies reported as unintended among a nationally-representative cohort of young U.S. women followed over 15 years. We also tested differential SLE effects on pregnancy risk by race/ethnicity and socioeconomic status.

**Methods:** Data were drawn from 8,810 adolescent and young adult women followed over four waves (1994-2009) in the National Longitudinal Study of Adolescent to Adult Health. We employed items measuring over 40 different developmentally-relevant SLEs to create a standardized time-varying additive index score for SLEs at each wave. We estimated the effects of SLE scores (wave X) on time to unintended first pregnancy (wave X+1) using adjusted Cox proportional hazard models, where person-months since study entry was the time scale and censoring women after their first pregnancy. We stratified models by race/ethnicity and parental income level at wave I.

**Results:** Among all women, a 1-standard deviation increase in SLE scores was associated with an increased risk of unintended pregnancy (aHR 1.11, 95% CI=1.04-1.17, p<0.01); the pregnancy risk for women with SLE scores >2 SD above the mean was 1.41 times that of women with SLE scores <1 SD above the mean (aHR = 1.41, 95% CI 1.14-1.76, p<0.01). In stratified models, effects of SLE scores on unintended pregnancy risk varied across racial/ethnic and socioeconomic groups and according to various elevated SLE thresholds. For example, all SLE indicators were associated with unintended pregnancy for White women, whereas a 1 SD increase in SLE score or having an SLE score 1-2 SD above mean (but not >2 SD, compared with <1 SD) were associated with unintended pregnancy for Black women. SLE scores were associated with unintended pregnancy for women at the lowest (\$0-19,999) and highest (>\$75,000) income levels (1 SD increase: aHR 1.21, 95% CI: 1.03-1.23, p<0.01 and aHR 1.36, 95% CI: 1.12-1.66, p<0.01, respectively).

**Conclusions:** Higher levels of social stress exposure were associated with unintended pregnancy among young women in this large, longitudinal, population-based cohort study. Moreover, varying levels of SLEs appeared to relate to pregnancy risk differently for different sub-groups of women, such that for some increasingly high exposure levels placed them at risk for pregnancy (e.g. White and high-income women) whereas small incremental or lower plateauing levels of SLE exposure were riskiest for other groups (e.g. Black and low-income women). Reproductive public health efforts that consider toxic stress and its social context, perhaps harnessing trauma-informed care approaches, are needed to more effectively concurrently address mental and reproductive health during adolescence and young adulthood.

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