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Letter to the editor

Improving the cultural responsiveness of the Mom Power perinatal mental health intervention via stakeholder input

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The perinatal period holds unique mental health challenges, with implications for individual and societal health [1]. Existing social inequities, the COVID-19 pandemic, and intensified racialized violence against Black, Indigenous, and people of color (BIPOC) have placed disproportionate psychological burdens on this inadequately supported population [2]. There is a critical need to mitigate prevailing racial trauma expressed by BIPOC perinatal patients seeking healthcare through trauma-informed, respectful, effective care. Mom Power (MP) is a thirteen-session multi-family perinatal psychotherapy intervention that combines mental health and parenting support for mothers facing adversity, including trauma and psychopathology [3]. In this letter we describe our quality improvement (QI) process designed to strengthen MP cultural responsiveness and improve program effectiveness (IRB# HUM00151519).

Trained facilitators conducted 5 focus groups (FGs) and 2 key informant (KI) interviews to evaluate the program and discover improvement opportunities. Participants were mothers and professionals, some with MP experience and others without (Table 1). A community-participatory approach was used to engage participants, with particular emphasis on BIPOC. FGs were conducted iteratively through topic saturation and utilized a standardized discussion guide, though facilitators allowed conversation to flow naturally. Study discussions were thematically analyzed using a grounded theory framework and Classic Analysis Strategy [4]. Results amplified the voices of BIPOC participants, who expressed overall program appreciation but identified several opportunities for enhancing cultural responsiveness. We highlight feedback generated and corresponding changes made as follows.

First, mothers expressed deep appreciation for the focus on peer support, their own and their child's emotional wellbeing, and provision of childcare. They valued the opportunity to experience vital peer support, which is both critical for, and often preferred by, BIPOC for multiple reasons, including increased honoring of their culturally specific coping styles, deeper understanding of lived experiences, and historical or current distrust of formal resources [5].

However, mothers also acknowledged that benefits of peer support seemed at times compromised by time constraints and a heavy content focus and professionals highlighted substantial administrative and labor commitment to run the program. As one strategy to address this feedback, the Strong Roots Parent Café (SRPC) model was developed. SRPCs are peer-led, with reduced curriculum content and increased time for open discussion and are designed to uplift and center parent voices. Once trained, parents, not clinicians, facilitate group discussions. SRPCs can be stand-alone but may be adjunctive to MP or sustain connections following group completion.

Second, in regard to cultural responsivity, participants expressed desire for more diverse staff and culturally representative materials to reflect communities being served. While patient-provider "racial/ethnic matching" alone is insufficient [6], our findings echo public health recommendations to expand workforce diversity to increase equitable care for marginalized populations [7]. Participants also suggested need for ongoing diversity-informed training to ensure cultural responsiveness among program staff. In response we have made a number of curricula changes including incorporating more diverse visual imagery and strengthening provider training related to bias and anti-racist practices in program implementation.

Relatedly, participants noted the importance of open reflection and inclusion of BIPOC perspectives related to historical, political, and individual contexts. For example, many Black mothers have been socialized with the influential ideal archetype of the "strong Black woman" and its focus on self-resiliency and independence, which, as multiple participants highlighted, may deter from seeking support. Understanding the tension between a cultural ideal of self-reliance and the internal wish for support is paramount to work towards nurturing self-care or help seeking without disregarding the cultural value and individual desire to be seen as strong. In response, we have retained a focus on peer support and self-care skills, while also encouraging participant reflection on the positive and sometimes challenging meanings of engaging in self-care.

The importance of BIPOC perspectives also came up when navigating topics of discipline. Many Black parents grew up with personal experiences of corporeal punishment and recognized its place as an understandable response to concern about Black children's safety from law enforcement violence and other institutions of authority. Failure to

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Table 1
Focus group and data collection information. *

Focus group	Participant membership	Number of participants	Format
1	Professionals with MP history	6	In person
2	Mothers with MP history	5	In person
3	Mothers without MP history	7	Virtual
4	Professionals without MP history	6	Virtual
5	Mothers with MP History	7	Virtual
Key Informants			
1	Former MP Facilitator	1	Virtual
2	Former Child Team Member	1	Virtual

* Note: four mothers from Group 5 participated in earlier focus groups, two from Group 2 and two from Group 3.

consider the historical and current context and potential meaning of corporal punishment threatens to vilify Black parents and subject them to often detrimental interventions from Child Protective Services or the criminal justice system. Acknowledging cultural meanings is required to re-build trust with BIPOC, and thus we strengthened MP training and curriculum components to emphasize a non-judgmental environment as essential for parents to reshape their practices as desired [8].

Finally, discussions highlighted that families need tangible support (e.g. transportation, childcare) in addition to any programmatic content offerings. To reach and engage diverse groups of parents, the MP training presents meaningful strategies agencies have employed to reduce external and internal barriers for access [9].

This study served to amplify the voices and needs of marginalized birthing families and offer an opportunity to utilize lessons learned to modify an intervention. These data have informed culturally relevant curriculum and training modifications, and strengthened ways we engage with communities to support BIPOC families' expressed needs. Our intention is that MP will serve as a community-engaged, anti-racist initiative, responsive to historical and cultural needs of BIPOC birthing families. We invite other similar programs to use this perspective as a guide for optimizing care.

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Reni Forer[a], Angela Johnson[b,d], Alyssa Warburton-Silva[a], Bianca Carter[a], Carmen Fernandez[a], Shannon Novara[c], Katherine Lisa Rosenblum[d,e,f], Maria Muzik[d,e,*]

[a] *University of Michigan Medical School, 7300 Medical Science Building I — A Wing. 1301 Catherine St., Ann Arbor, MI 48109, USA*
[b] *Program for Multicultural Health, Department Community Health Services, Michigan Medicine, 3621 S. State Street, Ann Arbor, MI 48108, USA*
[c] *Washtenaw Intermediate School District, 1819 South Wagner Road, Ann Arbor 48103, USA*
[d] *Department of Psychiatry, University of Michigan-Michigan Medicine, 4250 Plymouth Road, Ann Arbor, MI 48105, USA*
[e] *Department of Obstetrics & Gynecology, University of Michigan-Michigan Medicine, 1500 E. Medical Center Drive, Ann Arbor, 48109, MI, USA*
[f] *Department of Pediatrics, University of Michigan-Michigan Medicine, 1500 E. Medical Center drive, 48109, MI, USA*

* Corresponding author at: Departments of Psychiatry and Obstetrics & Gynecology, University of Michigan-Michigan Medicine, 4250 Plymouth Rd, Ann Arbor 48109, MI, USA.
E-mail address: muzik@med.umich.edu (M. Muzik).