

E. THE OAKWOOD HEALTHCARE SYSTEM EXPERIENCE

Issam Khraizat, MD

A relationship exists between general women's health issues, depression, and aspects of the obstetrics and gynecology care. The prevalence of depression in women is reported to be a 25% lifetime risk of developing the disease, with a high likelihood of recurrence once a woman has been diagnosed. If a woman is diagnosed more than twice, she may need some type of maintenance therapy for a prolonged period of time or possibly for a lifetime. In the specialty of obstetrics gynecology, women go through menarche, pregnancy and delivery, and then through menopause. During these times, some will be at risk for depression when compared to their male counterparts. Pregnancy and the end of pregnancy, including the days, weeks and months that follow, pose major risks for depression. Many patients who report for obstetrics and gynecology services are, in fact, seeking primary care. Therefore, primary care physicians need to be able to screen for depression and need to have access to a system that facilitates timely management for both depression and the increased risk associated with it for heart disease, stroke and co-morbidity.

The Oakwood Hospital Healthcare System has been actively implementing plans to integrate mental health care utilizing system resources and national programs with emphasis on expanding bilingual, bicultural and culturally sensitive and trained employees with its increasing Arab American patient population. We believe this approach to be very important because depression in Western medicine may be defined and understood differently in other areas of medicine and other cultural backgrounds and may be treated differently.

In our system, Family Matters Services (FMS) screens and follows pre- and post-partum women for delivery complications associated with

a baby or fetus having anencephaly, trisomy-18 which is not compatible with life, genetic or chromosomal disorders, etc. Often, the delivery, as harsh as it may sound, is the easy part because the long-term need to deal with the results of the delivery for the mother, father and other family members can be the harder part. FMS works with patients in the intensive care unit, if end-of-life decisions are needed. To address this situation, FMS developed a "My Voice, My Choice" brochure that talks to patients about the rights they have for their end-of-life decisions. FMS has also presented ethics lectures on how to recognize the different ethics that are involved in obstetrics gynecology and other specialties as well.

Other services that are available at Oakwood Hospital include chaplains, imams and other religious figures who are on call for the loss of a loved one or fetus (viable or pre-viable). Bereavement services has a bereavement nurse who follows up with telephone calls in conjunction with a physician, an Oakwood Garden for women who lose fetuses and can grieve their loss at this garden free of charge.

Government programs for Medicaid patients like Moms and Babes II, where bilingual (Arabic, Spanish and English speaking) nurses and social workers follow up with patients from the time they are pregnant (referred to by ob-gyn physician) to try to determine: what programs are needed for the women and babies; what baby products will be needed when the baby is born; transportation to and from the physician office; and other services that may be needed. Without this type of support, anxiety and depression can result, especially if a woman cannot speak the language, does not know how to and/or cannot get to the doctor's office.

Oakwood's Hospital system has identified the ethnic communities they

serve to better serve their patients. To address the patients' cultural backgrounds, the hospital system has taken these steps:

- tripled the numbers of their bilingual and bicultural employees;
- instituted a very intense program of cultural competence, awareness and sensitivity training for those who are residents, staff, physicians, nurses, ancillary providers;
- made lectures mandatory, including *Health Literacy*;
- made cultural competence training and interpretation service available on every floor in every hospital;
- conducted a series of lectures, including: *Patient Safety; Decreasing Medication Errors; Delivering Bad News to Families; Patient-Specific Populations*.

Presently, as mandated by federal law, the Oakwood Hospital System is hiring competent medical interpreters to translate for non-English speaking patients. Bilingual literature is provided, including consent forms; an *Obstetrics Resource Guide* is available in Arabic and English, both on hard copy and online and talks about everything from the time the pregnant patient arrives to the time she delivers and helps patients learn where to go, where to get information and where to seek help. A committee was formed that talks (available in Arabic and English) about ectopic pregnancy, a very serious, often fatal condition when not detected and managed on a timely basis.

Community outreach services help patients cope with other conditions, such as cancer, which is a very feared condition in the Arabic world and can lead to depression. Oakwood has implemented outreach to the community to educate them about cancer prevention and screening for various cancer types. Helping them try to prevent cancer will

ultimately help them avoid depression arising from this disease as well. Videos on breast cancer and simple procedures were made to alleviate fear and to familiarize patients on procedures.

Clinicians in obstetrics and gynecology focus on prenatal assessments, family crisis intervention for domestic violence/abuse, sexually transmitted diseases, and 24-hour psychiatry. A post-partum de-

pression assessment (Edinburgh Post Partum Depression Survey) is available in 12 languages including Arabic and includes physician scoring, follow-up, treatment, etc, from medical staff.