Check for updates

DOI: 10.1002/imhj.21910

REVIEW ARTICLE

WILEY

Reframing the narrative: Black maternal mental health and culturally meaningful support for wellness

Amittia Parker

School of Social Welfare, University of Kansas, Lawrence, Kansas

Correspondence
Amittia Parker, School of Social Welfare, University of Kansas, Twente Hall, 1545 Lilac Lane, Lawrence, KS 66045.
Email: amittia@ku.edu

Funding information
Eisenhower Institute

ABSTRACT

Black mothers with young children have encountered pernicious, multidetermined, racial disparities in the United States for centuries. However, disorders, risks, and stressors among Black mothers with young children are presented in the extant literature with little attention to their strengths, supports, or culturally appropriate ways to intervene and this furthers racism and White supremacy. Further, incomplete and negative narratives about Black mothers are perpetuated. Therefore, this article uses the Afrocentric perspective to better understand the state of Black maternal mental health and supports for mental health. Culturally centered recommendations are presented to move the field of infant mental health toward racial justice-oriented practice, policy, and research.

KEYWORDS

African centered or Afrocentric, Black mothers, maternal & infant mental health, mental health disparities

1 | NEW RECOGNITION OF A LONGSTANDING CRISIS: RACIAL DISPARITIES IN MATERNAL AND INFANT MENTAL HEALTH

Black mothers, infants, and young children have encountered pernicious, multi-determined, racial disparities in the United States for centuries (Hall, Williams, & Greenberg, 1985; Lanzi, Pascoe, Keltner, & Ramey, 1999; Logan & Freeman, 1990; McCormick, Brooks-Gunn, Holmes, Wallace, & Heagarty, 1992; McLennan & Offord, 2002; Orr & James, 1984), but this fact is newly emerging in the public view and becoming recognized as a serious public health concern. Studies examining the scope of the problem report that between 20% and 65% of racial and ethnic minority mothers report symptoms associated with a mental health problem (Ammerman, Putnam, Bosse, Teeters, & Van Ginkel, 2010; Cox et al., 2008; Edwards et al., 2012; Howell, Balbierz, Wang, Parides, Zlotnick, & Leventhal, 2012; Manuel, Martinson, Bledsoe-Mansori, & Bellamy, 2012; Mitchell & Ronzio, 2011; Rafferty, Griffin, & Robokos, 2010). The prevalence of maternal mental health concerns in these studies is significantly higher than the national estimates that 10–14% of mothers experience a mental health concern (Ertel, Rich-Edwards, & Koenen, 2011; O'hara & Swain, 1996).

Studies have shown that Black mothers with young children report symptoms that are more serious, chronic, and debilitating than non-Hispanic White mothers even when their symptomatic criteria for mental illness are comparable (Boyd, Mogul, Newman, & Coyne, 2011; Glasheen, Colpe, Hoffman, & Warren, 2015; Guintivano et al., 2018; Mukherjee, Fennie, Coxe, Madhivanan, & Trepka, 2018; Pascoe, Stolfi, & Ormond, 2006; Wildeman, Schnittker, & Turney, 2012). Nevertheless, more attention is directed toward the consequences of poorer maternal mental health on young children, in particular the harmfulness to the young child. More specifically, a growing number of studies have suggested that poorer maternal mental health has a prolonged and negative effect on the young child's health and development (Conger et al., 2002; Edwards, & Hans, 2015; Holmes, 2013; Shonkoff et al., 2012). Further, poorer maternal mental health is now being referred to in the literature as a threat or considered an adverse childhood

 © 2021 Michigan Association for Infant Mental Health

experience (Ertel et al., 2011; Wachs, Black, & Engle, 2009). The implications drawn from these studies are particularly negative and problematic and create a narrative that shapes how infant mental health professionals perceive and interact with Black mothers.

Narratives are indescribably powerful. In this predominantly White and Eurocentric field of practice, infant mental health, dominant narratives can go uncontested. The narratives that Black maternal mental health is to blame for poorer child outcomes and that less formal mental health service use among Black mothers is problematic must be examined critically and reframed. For the most part, current studies are examining maternal mental health in the context of poverty, racism, housing issues (instability, crime), poorer health, and inadequate social support, and therefore, to project a single story that is pathological is dangerous. Further, this narrative is particularly damaging, in particular, because of the portrayal of Black mothers as unfit and harmful to their children. Additionally, deeming that formal mental health services is the best or only option for addressing mental health needs is culturally oppressive.

On the other hand, there are counterstories that have the potential to change the dominant narratives. Beginning with the research that shows that Blacks of all ages, including Black mothers, are more likely than their White counterparts to report increased psychological distress; be victimized by violent crime; live in poverty; and suffer from chronic conditions such as diabetes and heart disease (NCHS, 2016). Therefore, the intersection of race, gender, physical and mental health, socioeconomic status, among other factors, creates cumulative disadvantages that are associated with poorer outcomes for Black mothers (Cole, 2009; Guintivano et al., 2018; Lawler et al., 2019). Given the necessity to better understand, explain, and respond to maternal mental health and disparities in context, this article will center Black mothers and share an alternative perspective, the Afrocentric framework. The essential elements of the framework will be discussed in the historical and political context, and to conclude the social and cultural contextual factors relevant to an Afrocentric perspective on maternal mental health and supports for mental health. Considered together, this guides the recommendations for change and the implications that follow.

Key Findings and their Implications for Practice/Policy

1. Black mothers with young children experience a unique intersection of race, gender, and maternal experiences. To better understand the needs, issues of access, and ways to intervene, future studies should center Black mothers and examine acceptability and preferences among supports across contexts for mental health.
2. The field of infant mental health has likely contributed to racial marginalization, cultural oppression, and violence in service to Black mothers and their young children. To prevent additional harm, infant mental health professionals must increase awareness of the historical and present-day contexts and make a long-term commitment to addressing racism individually and collectively.
3. When current studies focus on disorders, risks, and stressors among Black mothers with young children without attention to their strengths, supports, or culturally appropriate ways to intervene, this furthers negative or anti-black narratives about Black mothers. It is crucial to counter anti-black bias' intentionally with a focus on strengths and cultural humility.

Statement of relevance

An Afrocentric perspective is a conceptual tool used to increase awareness and direct change for racial justice and equity. This paper applies this framework to understand and explain Black maternal mental health disparities and the implications for infant mental health.

2 | HISTORICAL CONTEXT AND POLITICAL CONTEXT OF CONTEMPORARY RACIST NARRATIVES REGARDING BLACK MATERNAL HEALTH

To understand maternal mental health and support for mental health, understanding the contexts in which the problems exist is essential. The historical and political contexts shaping the experiences of Black mothers are seldomly discussed in the extant infant and early childhood literature and even perhaps less within the practice and policy context. It is necessary to acknowledge the ways that White supremacy and systemic racism have created a structurally racist society that perpetuates racial inequities. The goal here is to add to the incomplete narratives and enhance understanding and analysis, by incorporating relevant historical and political information that has been ignored, overlooked, or misrepresented.

10970355, 2021, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/imhj.21910, Wiley Online Library on [31/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

We must look back to move forward. According to the leading Afrocentric scholar, Molefi K. Asante (1992), policies reflect the society that creates them. Thus, social policy in America must be examined with a critical perspective. Social policies in this country were developed within a society filled with systemic and structural racism (Schiele, 2011). Racism systematically creates, maintains, and protects the hierarchy that privileges and gives power and resources and preferential treatment to White people (Williams & Mohammed, 2013). The patterns are observable (systematic) and noted across history, institutions, policies, practices, cultural norms, time, and space (structural). To understand the relationship between maternal mental health and experiences with support for mental health, it is necessary to explain some of the policies and practices in our more recent history that have and continue to shape the experiences of Black mothers.

Although there are different pathways to the United States through the African diaspora, in this discussion focused on the policy context and structural racism, attention is directed toward the history related to African Americans or Black people who were brought to this country involuntarily and enslaved (Weaver, 1992). Social policy in this country reinforced racism and oppression through supporting it (Weaver, 1992). More specifically, slavery was an oppressive institution that was legal in America until 1865, with the passing of the 13th amendment (Alexander, 2012). Even after slavery was abolished, additional policies established over at least the next 100 years legally sanctioned exclusion, segregation, and disenfranchisement of Black people: this era was called Jim Crow (Schiele, 2011). Jim Crow laws and ordinances included the legal exclusion of Blacks in schools, buses, courtrooms, neighborhoods, and many other spaces (Anderson, 2017). There were written, spoken, and unspoken rules that were not only oppressive, but the failure to comply led to dire consequences such as physical violence, imprisonment, lynching, or death (Anderson, 2017; Carlton-LaNey, 2001). Voting restrictions, slave-like servitude, and violence of all kinds (physical and sexual) were justified during this time (Anderson, 2017).

During the Jim Crow era, there was also an increase in the involuntary commitment of Black Americans to state mental health facilities (Schiele, 2011). This coercive approach and uneven practice led to disproportionate numbers of Black individuals admitted to the hospital and kept for longer periods: this was likely due to providers deeming Black individuals to be an "imminent danger" (Schiele, 2011). Through the intergenerational transmission of racism and oppression situated within the context of slavery in America, negative narratives of Black individuals being deviant, dangerous, undeserving, and in need of moral or spiritual transformation have been shaped and passed down (Schiele, 1996, 1997). Therefore, the remnants of slavery persist through social, political, and economic forces, which must not be overlooked by good intentions (Schiele, 2000).

Racism and trauma were endemic (and still are). Exclusion was justified. Mental health professionals stereotyped, misdiagnosed, and locked up Black individuals (Schiele, 2011). These egregious acts lead to the intergenerational transmission of fear and mistrust of White people and formal systems of care. The impact this has had on Black communities was pronounced because the people in control of most formal systems of care were also White.

There was a fully functioning social service sector offering a variety of services (e.g., early childhood education, health services, counseling, support groups, and advocacy) within Black communities parallel to the mainstream sector (Calton-LaNey, 1999; Carlton-LaNey, 2001; Johnson, 1991). Interdisciplinary individuals within the Black community, including church leaders, sociologists, nurses, community activists, abolitionists, and journalists, developed social service organizations to meet the needs of Black Americans (Carlton-LaNey, 1999). Help-giving or caregiving was delivered in the home, neighborhood associations, churches, and other community-based organizations (Carlton-LaNey, 1999; Martin & Martin, 2002). Hence, the perceived underutilization of services or lack of formal support for mental health noted today is more likely a reflection of preference, custom, or even protective mechanisms on the part of African American people rooted in an extensive history of racism and White supremacy with formal services within this country.

3 | POTENTIAL FOR AN AFROCENTRIC PERSPECTIVE AS AN ANTIDOTE

Infant and early childhood mental health professionals have become particularly interested in addressing social justice issues, including mental health disparities (Ippen, Norona, & Thomas, 2012; Klaweter & Frankel, 2018; Thomas, Noroña, & John, 2019). In this article, attention is directed to race and mental health disparities, more specifically, the experiences of Black mothers from the United States (the terms Black, Black Americans, and African Americans may be used interchangeably to refer to this group hereafter). A subgroup of Black Americans is centered, mothers with infants and young children. This is stated intentionally as the voices of Black mothers must be elevated to address maternal mental health disparities. Gross generalizations about people of color, families of color, and mothers of color prevent us from understanding the unique strengths and needs of different groups. In addition, disorders, risks, and stressors among Black

10970355, 2021, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/imhj.21910, Wiley Online Library on [31/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

mothers with young children are presented in the extant literature with little attention to their strengths, supports, or culturally appropriate ways to intervene and this furthers racism and White supremacy, and incomplete narratives about Black mothers (Lang & King, 2008; Rice, Goldfarb, Brisendine, Burrows, & Wingate, 2017).

Traditional frameworks steeped in White supremacy and Eurocentric underpinnings are largely inappropriate and ineffective when applied to people of African ancestry (Reviere, 2001; Schiele, 1996). The Afrocentric paradigm for human services framework originally conceptualized by Dr. Jerome Schiele (Schiele, 1996, 1997, 2000) is an antidote. It is a conceptual framework that operates from a more critical and culturally specific standpoint than other perspectives because it acknowledges "the experiences of pain, disappointment, and oppression African Americans have endured since their importation to the U.S. in 1619" (Schiele, 2000, p.179). That being said, the worldview is grounded in the values, beliefs, traditions, norms, history, and experiences of people of African ancestry (Asante, 1987). Further, the perspective offers an alternative way of knowing, understanding, and explaining human and social conditions and experiences. The Afrocentric paradigm for human service professionals (referred to as the Afrocentric perspective from this point forward) is a frame that is accessible for human service professionals broadly, even though it was initially conceptualized within the context of social work (Bent-Goodley, Fairfax, Carlton-LeNey, 2017).

Discussed briefly here, the Afrocentric perspective attends to the historical, political, social, and cultural contexts that shape the Black experience (see Schiele, 2000). The subsequent paragraphs will discuss how the perspective frames social problems, examines oppression, and promotes cultural values such as collectivity and spirituality. These aspects are central to the proposed recommendations to understand better and address maternal mental health disparities.

3.1 | Reconceptualizing the origin of social problems

According to Schiele (1997), spiritual alienation and oppression cause social problems. Therefore, social problems are not caused by individual pathology, but rather due to alienation and systemic discrimination (Schiele, 2000). This guiding assumption directs attention to what might be contributing to poorer Black maternal mental health (e.g., alienation and oppression). Applying this idea to the social problem under study, poorer maternal mental health and the underutilization of mental health services are interpreted differently. Instead of problematizing underutilization, culturally based helping mechanisms, such as natural helping, mutual-aid, spirituality, and self-help, are emphasized as more culturally acceptable alternatives (Schiele, 2000; Logan, 2018; Martin & Martin, 2002). There is a proposed solution to social problems or how to enhance well-being offered within this framework, and it is to dismantle structural racism and to encourage or promote ways for people of African ancestry to engage their spirituality, connect with their culture or collective identity, and utilize self-help, mutual aid, and other community supports (Schiele, 2000). The importance of informal and community support in the historical, political, social, and cultural contexts is highlighted. Additionally, culturally relevant factors such as the importance of spirituality, collectivism, interpersonal relationships, and the impact of racism on mental health are underscored. These constructs and the relationships among them shape the experiences of Black mothers and their mental health, and this is the basis for using a broadened conceptualization of supports for maternal mental health in this article.

3.2 | Center intersectional oppression and vulnerabilities

From an Afrocentric perspective, Black Americans could be considered one of the most vulnerable groups in the United States (Schiele, 2000). Schiele (2000) suggests that using the five faces of oppression, the degree of risks of vulnerability within Black communities is unmatched. Briefly, the five faces of oppression include exploitation, marginalization, powerlessness, cultural imperialism, and violence (see Young, 1990). It is crucial to explore the extent to which these aspects of oppression manifest within the field of infant mental health. Well-intentioned predominantly White interdisciplinary professionals are not exempt from being an accomplice to racial exploitation, racial oppression, and racial violence.

4 | SOCIAL AND CULTURAL CONTEXT OF MATERNAL MENTAL HEALTH AND SUPPORTS

Sociocultural contexts can include anything about the social and cultural environment and the relevant implications for Black mothers with young children (Schiele, 2000). Factors relevant to maternal mental health and supports for mental health include the recent trends in risks for maternal mental health concerns, consequences of maternal mental health concerns, and factors contributing to service utilization patterns. Additionally, the ways that culture shapes and informs the phenomena, including

10970355, 2021, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/imhj.21910, Wiley Online Library on [31/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

values and beliefs about maternal mental health and different types of supports for mental health needs and the intersection of the two, are sociocultural context.

4.1 | Risks for mental illness

Recent studies have indicated that Black mothers experience mental health disparities specific to differences in the risks for experiencing mental illness (Boyd et al., 2011; Ceballos, Wallace, & Goodwin, 2017; Glasheen et al., 2015; Ko, Rockhill, Tong, Morrow, & Farr, 2017; Lee, & Rispoli, 2017) and the number of adverse experiences compared to White mothers (CDC, 2008; Ertel et al., 2011; Kurz, 2006; Mukherjee et al., 2018). More specifically, risk factors associated with mental health concerns, such as increased depressive symptoms, anxiety symptoms, and distress, include race (African American), age (young), socioeconomic status (SES; lower SES), income (below the poverty level), employed status (unemployed), level of stress (higher stress), number of children (more than one), and racism (Ceballos et al., 2017; Glasheen et al., 2015; Ko et al., 2017; Manuel et al., 2012; Mitchell & Ronzio, 2001; Reid & Taylor, 2015; Siefert, Williams, Finlayson, Delva, & Ismail, 2007; Wisner et al., 2013, Vesga-Lopez et al., 2008). Additionally, a consistent finding in the literature is that Black mothers experience higher rates of social and economically adverse experiences defined by living in poverty, separated or divorced, fired or unemployed, or experienced financial crisis (Ertel et al., 2011; Guintivano et al., 2018; Mukherjee et al., 2018). The literature also shows that when multiple adversities are present, there is a significantly higher odds of experiencing mental health conditions such as depression, as well as other poorer health outcomes (Waehrer, Miller, Silverio Marques, Oh, & Burke Harris, 2020; Williams, 2018). This literature highlights intersecting disadvantages that make Black mothers and their children more vulnerable to mental illness. This is crucial, yet "many of the risk factors identified provide little direction for intervention" (Siefert et al., 2007). It is clear that there is a need for more in-depth understanding of the contexts that contribute to and maintain these risk factors and racial inequities.

4.2 | Consequences of maternal mental health on children

Nevertheless, there appears to be an underlying narrative in the literature that poorer maternal mental health has negative consequences on the children. Studies linking Black maternal mental health to child social, emotional, and behavioral development are growing. These studies have demonstrated that maternal mental health outcomes such as elevated depressive symptoms or probable depression are associated with problematic parenting (Ammerman et al., 2010; Beeber et al., 2014; Condon & Saddler, 2019; Koblinsky, Kuvalanka, & Randolph, 2006; May, Azar, & Matthews, 2018). Other studies have demonstrated that problematic parenting (e.g., poorer parental warmth, relationship quality, and effectiveness) is related to emotional, social, and behavioral concerns in children (Conger et al., 2002; Edwards, & Hans, 2015; Holmes, 2013; Shonkoff et al., 2012; Washington, Rose, Colombo, Hong, & Coard, 2015). In addition, studies show that the adverse effects of poorer maternal mental health persist across the child's lifespan due to factors that likely mediate this relationship, such as low levels of maternal warmth, relationship quality, or, at an extreme, maternal neglectful and hostile parenting behaviors (Edwards & Hans, 2015; Harvard University, 2007; Holmes, 2013; Murray et al., 2011; Shonkoff et al., 2012). Although this literature does not examine racial subgroup differences specifically, it is necessary to critique these interpretations and to consider (1) how these findings fit into the larger body of literature and narrative and (2) what is the intention and impact for Black mothers with young children.

Alternatively, recent studies have shown that mental health and social and economic risks create a cumulative disadvantage associated with poorer overall health and mental health for Black mothers and subsequently, their children (Ertel et al., 2011; Rosenthal et al., 2018). This research on cumulative disadvantages is reframing the narrative that Black mothers with poorer mental health are causing poor child outcomes. This research aligns more with the Afrocentric perspective. More specifically, the Afrocentric perspective is holistic in orientation and considers both the pieces of a phenomenon and the whole. Like a jigsaw puzzle, the phenomenon is best understood while examining many or all of the interlocking pieces together (Schiele, 2000). For example, the risk factors for maternal mental illness, consequences of poorer maternal mental health on young children, experiences with supports for mental health, and macro forces that contribute to mental health inequity should only be examined together. Together, these pieces contribute to maternal mental health and child functioning, perspectives on supports, and help-seeking patterns.

4.3 | Service underutilization and maternal mental health disparities

Many factors contribute to mental health disparities experienced by Black mothers with young children, and service utilization is discussed because of a need to better

10970355, 2021, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/imhj.21910, Wiley Online Library on [31/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

understand issues of access and engagement in services. In practice, infant mental health professionals encourage individuals who self-report mental health problems or met the criteria associated with increased risk for mental illness to be screened, diagnosed, and treated, if clinically indicated (Kurz, 2006). However, the literature suggests that Black mothers are less likely to access and use formal mental health services (Ertel et al., 2011; Glasheen et al., 2015; Lee, & Rispoli, 2017; Smith et al., 2009). Perceived "underutilization" from a Eurocentric standpoint approaches the problem from an individual deficit lens, blaming women for failing to make use of available resources. This perspective tends to be blind to the alternative health-promoting pathways followed by many Black people. But it is also true that some research has shown that the delay in accessing formal sector services is associated with increased chronicity and severity of symptoms among Blacks (Ward, Wiltshire, Detry, & Brown, 2013), suggesting that some Black people would benefit from being able to access formal services. It is critically important to gain a more nuanced understanding of the sociocultural factors that inhibit formal service use on an individual level (e.g., stigma and spiritual beliefs), and a systemic and structural level (e.g., discrimination, provider supply, health insurance), in order to make formal services more genuinely available and health promoting, as well as to recognize, respect, and support other pathways to health for Black people, including informal and community supports.

Stigma or negative perceptions of seeking help for mental health needs are a sociocultural factor that has been associated with the underutilization of services among Black women and mothers (Bodnar-Deren, Benn, Balbierz, & Howell, 2017; Gaston, Earl, Nisanci, & Glomb, 2016). Additionally, in individual interviews and focus groups, Black women report a lack of awareness of mental health needs, negative perceptions on mental health needs, and the stigma related to getting help (Abrams, Dornig, & Curran, 2009; Amankwaa, 2003; Ward, Clark, & Heidrich, 2009). These studies underscore that for Black mothers, there are culturally shaped beliefs that are related and promote the idea of "keeping things, private" to avoid the appearance of being crazy, weak, or lacking faith (Amankwaa, 2003; Woods-Giscombem, 2010). Taken together, this form of stigma is likely is a strong force in the Black community (Campbell & Mowbray, 2016; Quimby, 2006) because of the blending of culture and religious underpinnings. Further, Black scholars contend that Black culture and spirituality are inseparable (Martin & Martin, 2002; Taylor, Lincoln, & Chatters, 2005).

Spirituality and religion or religiosity are also sociocultural factors that may influence service use. The spiritual and religiously oriented beliefs, practices, and rituals among Black mothers may guide their perceptions of mental health needs as well as alleviate mental health symptoms. There is a sufficient body of literature suggesting that Blacks overwhelmingly consider spirituality and/or religion an essential aspect of their lives (Koenig, McCollough, & Larson, 2001). Also, this is noted as culturally relevant within the Afrocentric perspective (Schiele, 2000). Notably, spiritual and religiously involved Blacks report better coping skills, social support, and mental health (Assari, 2013; Hankerson & Weissman, 2012; Taylor et a., 2005; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000). In addition, in recent studies, Black individuals who indicated that religion and spirituality were important to them were less likely to use professional mental health services (Hardy, 2014; Lukachko, Myer, & Hankerson, 2015). Among Black mothers, there are very few studies that explore the role of spirituality and spiritually oriented support on maternal mental health (specifically, Abrams et al., 2009; Keefe, Brownstein-Evans, & Polmanteer, 2016b; Messer, Maxson, & Miranda, 2013).

Studies with Black mothers have also highlighted the role of socioeconomic factors that impact maternal mental health, access to services, and service use such as education level, insurance status, financial burden, transportation, and childcare (Abrams et al., 2009; Barkin, Bloch, Hawkins, & Thomas, 2014; Caldwell, Assari, & Breland-Noble, 2016; Chow, Jaffee, & Snowden, 2003; Conger et al., 2002; Reeves & Krause, 2019). These factors are associated with both maternal mental health concerns and the use of mental health services. It is clear that these barriers present unique challenges for mothers and even more so for Black mothers who are more likely to experience many of these barriers.

There are distal factors that shape the underutilization of formal mental health services. For example, the literature indicates that a lack of mental health professionals and provider supply issues contribute to increased wait times and decrease service quality (Dumas, Terrell, & Gustafson, 2018; Hines-Martin, Malone, Kim, & Brown-Piper, 2003; Keefe, Brownstein-Evans, & Polmanteer, 2016a). Also, some studies suggest that intercultural differences, cultural disconnect, and stereotyping Black mothers are barriers to service use (Siefert et al., 2007; Ward et al., 2009). Culture plays a role in shaping how Black mothers think about mental health, communicate concerns, connect with others, and cope with issues (Amankwaa, 2003; Carrington, 2006). The experience of seeking help for mental health conditions is a social process informed by culturally shaped beliefs, some of which are notably unenthusiastic about formal mental health service use. For example, in qualitative studies, Black mothers reported feeling that the services in their communities were not very accessible, that White providers do not understand them at times, that providers

10970355, 2021, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/imhj.21910, Wiley Online Library on [31/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

emphasize medication even when not desired, and that the providers can be uncaring or cold (Abrams et al., 2009; Dumas et al., 2018; Keefe et al., 2016a). Other studies suggest that because of the lack of attention to cultural values and beliefs about mental illness and experiences with discrimination, mental health treatment may not adequately meet the needs of Black individuals (Clement et al., 2015; Pascoe & Smart Richman, 2009; Pieterse, Todd, Neville, & Carter, 2012; Williams & Williams-Morris, 2000). These concerns about intercultural differences, experiences with mental health services, and overall quality of care should be examined to better understand and serve Black mothers.

Several studies indicate that experiences with racism and discrimination are also factors associated with maternal mental health and the underutilization of mental health services (Gaston et al., 2016; Rosenthal et al., 2018; Williams & Mohammed, 2009). From these studies, it is apparent that Black mothers uniquely experience the perception of racism and experiences with discrimination. According to Crenshaw (1989):

> Black women can experience discrimination in ways that are both similar to and different from those experienced by White women and Black men. Black women sometimes experience discrimination in ways similar to White women; sometimes very similar to experiences with Black men. Yet, too often they experience double-discrimination—the combined effects of practices which discriminate on the basis of race, and on the basis of sex. And sometimes, they experience discrimination as Black women—not the sum of race and sex discrimination, but as Black women (p. 149).

There is a need to understand the nuances of experiences with racism because higher levels of experiences with discrimination and the perception of racism are associated with higher depressive symptoms among Black mothers (Siefert et al., 2007), Black women (Black, Johnson, & VanHoose, 2015) and Black individuals in general (Paradies et al., 2015; Pieterse et al., 2012; Williams & Mohammed, 2013). Although there has been an increase in studies recently examining this topic with Black mothers, we do not gain an understanding of the role of discrimination on mental health disparities, more specifically the use of formal mental health services, or even the use of other social supports for their mental health needs. With these barriers in mind, there is a need to understand with whom and in which spaces do Black mothers feel safe to share their personal, sensitive matters and receive support. Individual and macro factors such as stigma, spirituality, socioeconomic disadvantages, service quality, and discrimination are only discussed briefly to acknowledge the complex factors that influence mental health and service use among Black mothers. Using the Afrocentric perspective to examine this literature, cultural values and beliefs naturally lead toward exploring support beyond formal services for mental health.

4.4 | Supports for mental health beyond formal services

Black mothers are demonstrating a preference for seeking help from informal supports over formal supports, and this may be related to a culmination of individual and socioenvironmental factors. Informal supports are described in the literature in various ways, such as social support, interpersonal support, and natural helpers. At times, informal supports refer to close familial relationships and, at other times, neighborhood and community connections. Hereafter, to simplify the complex constructs, informal support will refer to support provided by family, friends, and other close personal relationships (Radey, 2018). Community support will refer to nonmental health, supportive relationships outside the family (e.g., neighbors, faith-based relationships, home visitors, beauticians, nail technicians, and childcare providers). Support for Black maternal mental health can include support found outside of formal mental health support, and there is a dearth of literature on informal support and growing body of literature on community support.

Recent studies have documented that informal supports are preferred sources of help in times of mental health distress among Black individuals (Aten, Topping, Denney, & Hosey, 2011; Woodward et al., 2008). This preference may be shaped by this source of support being more easily accessible, affordable, and flexible in meeting the needs of mothers with young children compared to formal mental health services. Alternatively, Campbell and Mowbray (2016) suggest that cultural and spiritual values and beliefs shape perceptions, attitudes, and beliefs about mental health conditions and help-seeking among African Americans. Further, informal mental health help-seeking is deemed as culturally acceptable, per the collectivist orientation or value. Few studies capture preferences for informal support in the context of other options, namely, formal mental health services (Hardy, 2012). On the other hand, there is a strong base of empirical and theoretical literature documenting the strong association between informal support and maternal mental health (informal family support defined as support from family, partner, or mother; Campbell-Grossman et al., 2016;

10970355, 2021, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/imhj.21910, Wiley Online Library on [31/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Giurgescu et al., 2015; Huang, Costeines, Kaufman, & Ayala, 2014; Manuel et al., 2012; Messer et al., 2013; Mitchell & Ronzio, 2011; Reid, & Taylor, 2015; Walker, Xie, Hendrickson, & Sterling, 2016). Considering recent trends documenting negative interactions and limited capacity within support networks (Edwards et al., 2012; Franco, Pottick, & Huang, 2010; Kimbro, & Schachter, 2011), it appears that informal supports might be sources of support and sources of stress, simultaneously. Subsequently, there is more to be known about preferred sources of support for mental health needs among Black mothers.

Because help that is found or exchanged more naturally in the context of the community might be unsolicited support or exchange of support, existing measures, theories, and practices may inadequately capture these social processes (Logan & Freedman, 1990; Martin & Martin, 1985). Besides, there is some evidence of mental health support in natural spaces such as beauty salons (Linnan & Ferguson, 2007; Wilson et al., 2008), Women, Infant, and Children clinics (Mundorf et al., 2018), women's health clinics (Abrams et al., 2009), and within the home (Andrews, Felton, Wewers, & Heath, 2004; Boyd et al., 2011; Katz et al., 2011; Shaw, Levitt, Wong, Kaczorowski, & McMaster, 2006). Additional research is needed in this area. Here, studies on maternal mental health, barriers that may impact accessing preferred sources of support, and experiences with different types of support for mental health are discussed to conceptualize sociocultural factors relevant to an Afrocentric perspective on maternal mental health and supports for mental health. Further examining the literature through this lens allows for analysis of the power of the dominant narrative to overshadow the voices or experiences of Black mothers.

5 | RECOMMENDATIONS TO ADDRESS BLACK MENTAL HEALTH DISPARITIES

Examining the literature on mental health and supports for mental health among Black mothers with young children and applying an African-centered lens fosters the development of a more culturally relevant and comprehensive understanding. In the review thus far, there is information related to the historical, political, social, and cultural context that encompasses risks, consequences, supports, and strengths related to maternal mental health among Black mothers with young children. This type of understanding will aid in designing, implementing, and evaluating racial justice efforts across policy, practice, and research. More specifically though this lens, attention is directed toward structural racism, the individualistic and straightforward narrative about maternal mental health among Black mothers is complicated, and the role of the social environment and contexts in the discourse are included. Next, to increase awareness, critical analysis, and action for racial justice, recommendations are offered that direct action for the future:

1. Acknowledge the role of cultural oppression.
2. Fight against political, economic, and cultural oppression.
3. Build upon the strengths of the community.

These recommendations are presented to guide the field toward a more culturally specific understanding and approach to advance racial justice. These strategies are offered as a beginning, not an ending or exhaustive list to facilitate self-reflection, dialogue among colleagues, and exploration in supervision.

5.1 | Acknowledge the role of cultural oppression

Cultural oppression is implied when the dominant groups' values, beliefs, and experiences are the norm (Schiele, 1997). Stated differently when a minoritized and marginalized groups' values, beliefs, traditions, or experiences are devalued, this is a form of cultural oppression. This is common in the social process in formal helping relationships: It is oppressive.

There are consequences associated with cultural oppression. Cultural oppression reinforces the narratives that only White people know what is best in theory, research, and practice, for example. More specifically, in the area of theory or conceptual frameworks, when the only theories utilized are developed by White individuals and promote their ways of thinking, this implies that European culture is mainstream and the valid culture. This may unintentionally make it appear that people of African ancestry are incapable of developing theories that can help understand, explain, and predict social problems and experiences among Blacks (Schiele, 2000). We must acknowledge how this profession has oppressed and continues to oppress Black mothers.

5.2 | Fight against political, economic, and cultural oppression

Infant and early childhood mental health is a social justice issue (St. John, Thomas, & Noroña, 2012). It is important to challenge political, economic, and cultural oppression to promote racial justice in ways that benefit Black mothers and their young children. In some cases, as mentioned, infant mental health practitioners

10970355, 2021, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/imhj.21910, Wiley Online Library on [31/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

and researchers maintain or further oppress through their norms, biases, policies, practices, and research. Decisions to be silent, stand still, or hide behind one's privileges are choices that protect the status quo or the systems of racism that contribute to poorer maternal mental health and service use patterns. Being silent is violence. To advance racial justice and equity through an African-centered lens, all forms of racism (e.g., individual, interpersonal, and structural) should be exposed and resisted.

Adding to increasing awareness and understanding, anyone can strive to eradicate racism and oppression impacting Black mothers, even non-African individuals. Moreover, White individuals must become more actively involved in addressing racism impacting Blacks. As long as Black culture, ways of knowing, and moving throughout the social world are accepted, affirmed, and appreciated, anyone can serve the Black community and promote racial justice and equity. Black psychologists, social workers, teachers, family advocates, and policymakers cannot continue to be unduly burdened by being "the only one" or largely underrepresented in the workforce and advocating for some of the most vulnerable and disadvantaged families. We must eradicate racism and bias in infant childhood mental health together.

5.3 | Build on the strengths of the community

Over the last 100 years, Black scholars have encouraged the American society to move beyond the biases that create and sustain anti-Black racism, and White supremacy—to consider a more balanced, strengths oriented perspective on Black people (Du Bois, 1924). Unfortunately, White hegemony has furthered negative beliefs, biases, and actions through the institutions of education, criminal justice, child welfare, and mental health uniquely toward people of African ancestry: this is anti-Black racism. Instead of emphasizing the strengths of Black mothers and the extent to which they have survived under oppressive conditions, the focus has continued toward their pathologies (Freeman & Logan, 2004; Williams & Mohammed, 2013). In order to build on the strengths among Black mothers and their communities, there must be a willingness to acknowledge their strengths, resources, and solutions to the social problems they encounter. Because of the proliferation of anti-Black racism and discrimination, this requires intentional effort.

Acknowledging individual, familial, neighborhood, and community strengths and resources in context is the first essential step to understanding maternal mental health and the use of supports. There is no need to reinvent the wheel. There is a body of work on the strengths of Black families that can increase awareness and facilitate a better understanding (see Billingsley, 1968; Boyd-Franklin, 1989; Freeman & Logan, 2004; Hall & King, 1982; Hill, 1971, 2003; Logan & Freedman, 1990; Logan, 2018; Martin & Martin, 1985). Identifying and partnering with community groups that serve Black communities to bridge connections to social programs and mental health services is a strength-oriented next step. Helping historically oppressed groups to support their mutual aid and self-help is another way to empower and support culturally specific ways to enhance maternal mental health and support for mental health. The next section will share specific strategies that can be used to further these recommendations within policy and administration, practice, and research.

6 | DISCUSSION

This paper presents the Afrocentric perspective to understand and explain maternal mental health and supports for mental health for Black mothers with young children. Culturally specific frameworks are underutilized in the infant mental health literature. On the other hand, they are necessary to increase awareness of nondominant bodies of knowledge and approaches that can inform infant mental health practice and research (Ippen et al., 2012). Additionally, using culturally specific frameworks may help combat discriminatory policies and practices (Ippen et al., 2012). Black mothers may experience further "revictimization [or harm] by service providers because of negative stereotypes and a lack of cultural understanding" (Bent-Goodley, 2005). There is a need to enhance understanding and empathy, as well as move away from the racist underpinnings and forces that maintain White supremacy and oppression within this field to reduce the risk of harm to Black mothers. The Afrocentric perspective is described and applied in this paper to bridge the gap in understanding and offer suggestions for the next steps. In addition, this article helps to

1. reframe the narrative about Black maternal mental health and supports for mental health,
2. broaden the conceptualization of support for mental health, and
3. envision a targeted and multilevel approach for racial justice and change in infant mental health.

6.1 | Policy implications

Applying the Afrocentric perspective has important implications within a policy context. Outlining the historical and political context that shapes the social problem

10970355, 2021, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/imhj.21910, Wiley Online Library on [31/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

encourages the acknowledgment of ways that structural racism and oppression create and maintain mental health inequity. Recognition of the role of policy, court decisions, and institutional practices proceeds a commitment and action to address racism in maternal and infant mental health. For example, from an Afrocentric perspective, increasing awareness should be followed by more culturally sensitive policy and programing decisions (Schiele, 2011). Culturally sensitive policy decisions could include individuals using thier power and privilege to promote policies that advance the interests of Black families, and in addition, expose policies that do not. For example, policies that promote the interests of Black mothers would include multiple-level strategies. Policy solutions related to access to care, quality of care, and the availability of preferred options and methods of delivery such as Medicaid Expansion and the Maternal Infant Child Home Visiting Program promote maternal, infant, and child well-being across contexts. In addition, increasing racial diversity in decision-making to promote their values and interests, redistributing power and resources, and including accountability for action toward anti-racism are other ways to advance the interests of Black mothers (Boykin et al., 2020). In addition, providing support to community-based organizations through Faith-based and Neighborhood Partnerships initiatives that provide additional resources to the church, mutual aid, and benevolent organizations would benefit Black mothers, as these are primary institutions within the Black community (Martin & Martin, 1985; Schiele, 2000). Policies on health care, welfare, housing, or prison reform that do not consider an analysis of structural racism and specific objectives to dismantle it in the process would not serve the interests of Black mothers and families (Schiele, 2011). Lastly, there is a need for data collection and research on racism and systems and organizational change to analyze the extent of benefits and costs to Black mothers. This information could provide a base of empirical support to develop and refine initiatives for Black maternal mental health.

6.2 | Practice implications

There are relevant recommendations for infant mental health professionals who desire to (or are forced to) incorporate an Afrocentric perspective in their work. Infant mental health, a predominately White field, has likely both intentionally and unintentionally contributed to both cultural oppression in service to Black mothers and their young children. One of the consequences related to cultural oppression and internalized racism includes contributing in one way or another to Black mothers questioning themselves, their values and beliefs, and their mental health decisions. Therefore, it is vital to be more aware and sensitive to the impact of promoting formal mental health service options as the best and only means of improving mental health. Additionally, considering increases in self-reported mental health challenges and lower service use patterns among Black mothers, it is necessary to change the conversation about accessing and engaging in services and supports for mental health. There are likely consequences associated with disclosing maternal mental health concerns in unequal relationships that contribute to nondisclosure or other forms of resistance. Reluctance to engage in formal mental health care or other systems of oppression could be demonstrated in declining services or not following through with referrals. This resistance should not be confused with resistant; thoughts and actions that do not align with the status quo at times are deemed as resistant (e.g., a resistant or challenging client declines to participate or fully engage in therapy). The distinction between resistance and resistant here lies in the consequences associated with disclosing one's truth in a system that perpetuates institutional racism (Kolivoski, Weaver, & Constance-Huggins, 2014).

To advance maternal mental health for Black mothers, it would be particularly crucial for infant mental health professionals to learn to disrupt racism and build upon the strengths of Black mothers. A strengths perspective might mitigate anti-Black racism ingrained in this White supremacist society (Du Bois, 1924). Intentionally identifying and appreciating the positive, capabilities, gifts, talents, successes, and resources among Black families who have survived in far from optimal conditions is a strategy that was proposed to address racism by Du Bois in the early part of the 20th century (Billingsley, 1968; Du Bois, 1924; Schiele, 2000). It is indeed time to become more aware of biases and intentionally center strengths to rewrite mental schemas and become more racially sensitive and less-biased infant mental health professionals (Williams & Mohammed, 2013).

6.3 | Research implications

There are implications for future research using an Afrocentric perspective, specifically regarding the research process and topics to be explored. Attention is directed toward the need for more theoretical and empirical studies using the Afrocentric perspective. Traditional frameworks have proven to be mostly inconsistent and maybe even ineffective in describing, explaining, and predicting how Black mothers perceive, access, and use supports for their mental health. However, because "European Americans wield considerable control over the knowledge validation, and information dissemination in the United States"

10970355, 2021, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/imhj.21910, Wiley Online Library on [31/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

(Schiele, 2000, p. 216), instead of incorporating nondominant bodies of knowledge, studies continue to document conflicting findings and a need for additional research. A social justice issue is presented within the extant literature that requires an acknowledgment of the issue, a commitment to addressing it, and targeted action. Additional research is necessary to document the ways in which the systems of knowledge inquiry and dissemination operate, in addition to exploring ways to enhance research process. There is a need for more research led by or in partnership with Black communities, and community-based participatory methods could be used to move toward that end. Research adopting an Afrocentric perspective can use a variety of methods, but the questions, recruitment strategies, interpretation, and dissemination activities must be inclusive of Black perspectives. This is especially important in studies led by individuals who identify as non-Black.

The Afrocentric perspective is supportive of future studies examining the relationships between multiple-level (such as individual, familial, neighborhood, community, and policy) contextual factors and maternal mental health. The role of spirituality, collectivity, and racism are culturally shaped factors that influence maternal mental health and supports for mental health; however, there is a need for additional research to better understand these relationships (Parker & Blackwell, 2019). Understanding the acceptability of support for mental health across contexts, especially in neighborhood and community settings, is an underdeveloped area of study that requires additional research. At an organizational and institutional level, future studies might explore the capacity or readiness for anti-racism work and organizational change, the effectiveness of racial equity training, and the role of race in supervision or mental health consultation.

7 | SUMMARY AND CONCLUSION

Mental health equity and justice for Black mothers cannot be imagined without reconstructing the existing narratives. This article contests narratives that promote anti-Black racism and White supremacy and do not advance Black maternal mental health. The Afrocentric perspective is a conceptual tool used to guide critical reflection, action, and change. More specifically, this perspective provides information and guidance to increase racial awareness, fight against racism, and build upon the strengths of Black mothers. Further, the Afrocentric perspective must be incorporated to serve Black families with young children better and simultaneously promote racial justice in infant mental health.

CONFLICT OF INTEReST

The author declares no conflict of interest.

ACKNOWLEDGMENT

This research was supported by the Eisenhower Institute.

ORCID

Amittia Parker https://orcid.org/0000-0002-0753-3526

REFERENCES

Abrams, L. S., Dornig, K., & Curran, L. (2009). Barriers to service use for postpartum depression symptoms among low-Income ethnic minority mothers in the United States. *Qualitative Health Research*, *19*(4), 535–551.

Alexander, M. (2012). *The new Jim Crow: Mass incarceration in the age of colorblindness*. New York, NY: The New Press.

Amankwaa, L. C. (2003). Postpartum depression among African-American women. *Issues in Mental Health Nursing*, *24*(3), 297–316.

Ammerman, R. T., Putnam, F. W., Bosse, N. R., Teeters, A. R., & Van Ginkel, J. B. (2010). Maternal depression in home visitation. *Aggression and Violent Behavior*, *15*(3), 191–200.

Anderson, C. (2017). *White rage: The unspoken truth of our racial divide*. New York, NY: Bloomsbury.

Andrews, J. O., Felton, G., Wewers, M. E., & Heath, J. (2004). Use of community health workers in research with ethnic minority women. *Journal of Nursing Scholarship*, *36*(4), 358–365.

Asante, M. K. (1987). *The Afrocentric idea*. Philadelphia, PA: Temple University Press.

Assari, S. (2013). Race and ethnicity, religion involvement, church-based social support and subjective health in United States: A case of moderated mediation. *International Journal of Preventive Medicine*, *4*(2), 208–217.

Aten, J. D., Topping, S., Denney, R. M., & Hosey, J. M. (2011). Helping African American clergy and churches address minority disaster mental health disparities: Training needs, model, and example. *Psychology of Religion and Spirituality*, *3*(1), 15–23.

Barkin, J. L., Bloch, J. R., Hawkins, K. C., & Thomas, T. S. (2014). Barriers to optimal social support in the postpartum period. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, *43*(4), 445–454.

Beeber, L. S., Schwartz, T. A., Martinez, M. I., Holditch-Davis, D., Bledsoe, S. E., Canuso, R., & Lewis, V. S. (2014). Depressive symptoms and compromised parenting in low-income mothers of infants and toddlers: Distal and proximal risks. *Research in Nursing & Health*, *37*(4), 276–291.

Bent-Goodley, T.B. (2005). An African-centered approach to domestic violence. *Families in Society*, *86*(2), 197–206.

Bent-Goodley, T., Fairfax, C. N., & Carlton-LaNey, I. (2017). The significance of African-centered social work for social work practice. *Journal of Human Behavior in the Social Environment*, *27*(1-2), 1–6.

Billingsley, A. (1968). *Black families in White America*. Englewood Cliffs, NJ: Prentice Hall.

Black, L. L., Johnson, R., & VanHoose, L. J. (2015). *Racial and ethnic health disparities*. Retrieved from https://link.springer.com/content/pdf/10.1007%2Fs40615-014-0043-1.pdf

Bodnar-Deren, S., Benn, E. K. T., Balbierz, A., & Howell, E. A. (2017). Stigma and postpartum depression treatment acceptability among black and white women in the first six-months postpartum. *Maternal and Child Health Journal*, *21*(7), 1457–1468.

10970355, 2021, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/imhj.21910, Wiley Online Library on [31/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Boyd-Franklin, N. (1989). *Black families in therapy: A multisystems approach*. New York, NY: Guilford Press.

Boyd, R. C., Mogul, M., Newman, D., & Coyne, J. C. (2011). Screening and referral for postpartum depression among low-income women: A qualitative perspective from community health workers. *Depression Research and Treatment*, *2011*, 320605.

Boykin, C. M., Brown, N. D., Carter, J. T., Dukes, K., Green, D. J., Harrison, T., … Simmons, C. (2020). Anti-racist actions and accountability: Not more empty promises. *Equality, Diversity and Inclusion: An International Journal*, *39*(7), 775–786.

Caldwell, C. H., Assari, S., & Breland-Noble, A. M. (2016). The epidemiology of mental disorders in African American children and adolescents. In A. Breland-Noble, C. S. Al-Mateen, & N. N. Singh (Eds.), *Handbook of mental health in African American youth* (pp. 3–20). Cham, Switzerland: Springer.

Campbell-Grossman, C., Hudson, D. B., Kupzyk, K. A., Brown, S. E., Hanna, K. M., & Yates, B. C. (2016). Low-income, African American, adolescent mothers' depressive symptoms, perceived stress, and social support. *Journal of Child and Family Studies*, *25*(7), 2306–2314.

Campbell, R. D., & Mowbray, O. (2016). The stigma of depression: Black American experiences. *Journal of Ethnic & Cultural Diversity in Social Work*, *25*(4), 253–269.

Carlton-LaNey, I. (1999). African American social work pioneers' response to need. *Social Work*, *44*(4), 311–321.

Carlton-LaNey, I. B. (Ed.). (2001). *African American leadership: An empowerment tradition in social welfare history*. Washington, DC: NASW Press.

Carrington, C. H. (2006). Clinical depression in African American women: Diagnoses, treatment, and research. *Journal of Clinical Psychology*, *62*(7), 779–791.

Ceballos, M., Wallace, G., & Goodwin, G. (2017). Postpartum depression among African-American and Latina mothers living in small cities, towns, and rural communities. *Journal of Racial and Ethnic Health Disparities*, *4*(5), 916–927.

Centers for Disease Control and Prevention (CDC). (2008). Prevalence of self-reported postpartum depressive symptoms–17 states, 2004–2005. *Morbidity and Mortality Weekly Report*, *57*(14), 361–366.

Chow, J. C. C., Jaffee, K., & Snowden, L. (2003). Racial/ethnic disparities in the use of mental health services in poverty areas. *American Journal of Public Health*, *93*(5), 792–797.

Clement, S., Williams, P., Farrelly, S., Hatch, S. L., Schauman, O., Jeffery, D., … Thornicroft, G. (2015). Mental health–related discrimination as a predictor of low engagement with mental health services. *Psychiatric Services*, *66*(2), 171–176.

Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, *64*(3), 170–180.

Condon, E. M., & Sadler, L. S. (2019). Toxic stress and vulnerable mothers: A multilevel framework of stressors and strengths. *Western Journal of Nursing Research*, *41*(6), 872–900.

Conger, R. D., Wallace, L. E., Sun, Y., Simons, R. L., McLoyd, V. C., & Brody, G. H. (2002). Economic pressure in African American families: A replication and extension of the family stress model. *Developmental Psychology*, *38*(2), 179–193.

Cox, J. E., Buman, M., Valenzuela, J., Joseph, N. P., Mitchell, A., & Woods, E. R. (2008). Depression, parenting attributes, and social support among adolescent mothers attending a teen tot program. *Journal of Pediatric and Adolescent Gynecology*, *21*(5), 275–281.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, *1989*(1), 139–168.

Du Bois, W. E. B. (1924). *The gift of Black folk: The negroes in the making of America*. Boston, MA: Stratford Company.

Dumas, S. A., Terrell, I. W., & Gustafson, M. (2018). Health and social needs of young mothers. *The American Journal of Maternal-Child Nursing*, *43*(3), 146–152.

Edwards, R. C., Thullen, M. J., Isarowong, N., Shiu, C., Henson, L., & Hans, S. L. (2012). Supportive relationships and the trajectory of depressive symptoms among young, African American mothers. *Journal of Family Psychology*, *26*(4), 585–594.

Edwards, R. C., & Hans, S. L. (2015). Infant risk factors associated with internalizing, externalizing, and co-occurring behavior problems in young children. *Developmental Psychology*, *51*(4), 489–499.

Ertel, K. A., Rich-Edwards, J. W., & Koenen, K. C. (2011). Maternal depression in the United States: Nationally representative rates and risks. *Journal of Women's Health*, *20*(11), 1609–1617.

Franco, L., Pottick, J. K., & Huang, C. C. (2010). Early parenthood in a community context: Neighborhood conditions, race–ethnicity, and parenting stress. *Journal of Community Psychology*, *38*(5), 574–590.

Freeman, E. M., & Logan, S. L. (Eds.). (2004). *Reconceptualizing the strengths and common heritage of Black families: Practice, research, and policy issues*. Springfield, IL: Charles C Thomas Publisher.

Gaston, G. B., Earl, T. R., Nisanci, A., & Glomb, B. (2016). Perception of mental health services among Black Americans. *Social Work in Mental Health*, *14*(6), 676–695.

Glasheen, C., Colpe, L., Hoffman, V., & Warren, L. K. (2015). Prevalence of serious psychological distress and mental health treatment in a national sample of pregnant and postpartum women. *Maternal and Child Health Journal*, *19*(1), 204–216.

Giurgescu, C., Misra, D. P., Sealy-Jefferson, S., Caldwell, C. H., Templin, T. N., Slaughter-Acey, J. C., & Osypuk, T. L. (2015). The impact of neighborhood quality, perceived stress, and social support on depressive symptoms during pregnancy in African American women. *Social Science & Medicine*, *130*, 172–180.

Guintivano, J., Sullivan, P. F., Stuebe, A. M., Penders, T., Thorp, J., Rubinow, D. R., & Meltzer-Brody, S. (2018). Adverse life events, psychiatric history, and biological predictors of postpartum depression in an ethnically diverse sample of postpartum women. *Psychological Medicine*, *48*(7), 1190–1200.

Hall, E. H., & King, G. C. (1982). Working with the strengths of Black families. *Child Welfare*, *61*(8), 536–544.

Hall, L. A., Williams, C. A., & Greenberg, R. S. (1985). Supports, stressors, and depressive symptoms in low-income mothers of young children. *American Journal of Public Health*, *75*(5), 518–522.

Hankerson, S. H., & Weissman, M. M. (2012). Church-based health programs for mental disorders among African Americans: A review. *Psychiatric Services*, *63*(3), 243–249.

Hardy, K. M. (2012). Perceptions of African American Christians' attitudes toward religious help-seeking: Results of an exploratory study. *Journal of Religion & Spirituality in Social Work: Social Thought*, *31*(3), 209–225.

Hardy, K. (2014). Which way did they go? Uncovering the preferred source of help-seeking among African-American Christians. *Social Work & Christianity*, *41*(1), 3–15.

10970355, 2021, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/imhj.21910, Wiley Online Library on [31/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Harvard University. Center on the Developing Child. (2007). A science-based framework for early childhood policy: Using evidence to improve outcomes in learning, behavior, and health for vulnerable children. Cambridge, MA: Center on the Developing Child, Harvard University.

Hill, R. B. (1971). *The strengths of Black families*. New York, NY: Emerson Hall.

Hill, R. B. (2003). *The strengths of Black families*. Lanham, MD: University Press of America.

Hines-Martin, V., Malone, M., Kim, S., & Brown-Piper, A. (2003). Barriers to mental health care access in an African American population. *Issues in Mental Health Nursing*, *24*(3), 237–256.

Huang, C. Y., Costeines, J., Kaufman, J. S., & Ayala, C. (2014). Parenting stress, social support, and depression for ethnic minority adolescent mothers: Impact on child development. *Journal of Child and Family Studies*, *23*(2), 255–262.

Holmes, M. R. (2013). Aggressive behavior of children exposed to intimate partner violence: An examination of maternal mental health, maternal warmth and child maltreatment. *Child Abuse & Neglect*, *37*(8), 520–530.

Howell, E. A., Balbierz, A., Wang, J., Parides, M., Zlotnick, C., & Leventhal, H. (2012). Reducing postpartum depressive symptoms among black and Latina mothers: A randomized controlled trial. *Obstetrics and Gynecology*, *119*(5), 942–949.

Ippen, C. G., Norona, C. R., & Thomas, K. (2012). From tenet to practice: Putting diversity-informed services into action. *Zero to Three Journal*, *33*(2), 23–28.

Johnson, A. E. (1991). The sin of omission: African-American women in social work. *Journal of Multicultural Social Work*, *1*(2), 1–16.

Katz, K. S., Jarrett, M. H., El-Mohandes, A., Schneider, S., McNeely-Johnson, D., & Kiely, M. (2011). Effectiveness of a combined home visiting and group intervention for low income African American mothers: The pride in parenting program. *Maternal and Child Health Journal*, *15*, S75–S84.

Keefe, R. H., Brownstein-Evans, C., & Polmanteer, R. S. R. (2016a). Having our say: African-American and Latina mothers provide recommendations to health and mental health providers working with new mothers living with postpartum depression. *Social Work in Mental Health*, *14*(5), 497–508.

Keefe, R. H., Brownstein-Evans, C., & Polmanteer, R. R. (2016b). "I find peace there": How faith, church, and spirituality help mothers of colour cope with postpartum depression. *Mental Health, Religion & Culture*, *19*(7), 722–733.

Kimbro, R. T., & Schachter, A. (2011). Neighborhood poverty and maternal fears of children's outdoor play. *Family Relations*, *60*(4), 461–475.

Klawetter, S., & Frankel, K. (2018). Infant mental health: A lens for maternal and child mental health disparities. *Journal of Human Behavior in the Social Environment*, *28*(5), 557–569.

Ko, J., Rockhill, K., Tong, V., Morrow, B., & Farr, S. (2017). Trends in postpartum depressive symptoms–27 states, 2004, 2008, and 2012. *Morbidity and Mortality Weekly Report*, *66*(6), 153–158.

Koblinsky, S. A., Kuvalanka, K. A., & Randolph, S. M. (2006). Social skills and behavior problems of urban, African American preschoolers: Role of parenting practices, family conflict, and maternal depression. *American Journal of Orthopsychiatry*, *76*(4), 554–563.

Koenig, H.G., McCollough, M., & Larson, D. (2001). *Handbook of Religion and Health*. New York, NY: Oxford University Press.

Kolivoski, K. M., Weaver, A., & Constance-Huggins, M. (2014). Critical race theory: Opportunities for application in social work practice and policy. *Families in Society*, *95*(4), 269–276.

Kurz, B. (2006). Depression and mental-health service utilization among women in WIC. *Journal of Ethnic and Cultural Diversity in Social Work*, *14*(3–4), 81–102.

Lang, C. T., & King, J. C. (2008). Maternal mortality in the United States. *Best Practice & Research Clinical Obstetrics & Gynaecology*, *22*(3), 517–531.

Lanzi, R. G., Pascoe, J. M., Keltner, B., & Ramey, S. L. (1999). Correlates of maternal depressive symptoms in a national Head Start program sample. *Archives of Pediatrics & Adolescent Medicine*, *153*(8), 801–807.

Lawler, J. M., Bocknek, E. L., McGinnis, E. W., Martinez-Torteya, C., Rosenblum, K. L., & Muzik, M. (2019). Maternal postpartum depression increases vulnerability for toddler behavior problems through infant cortisol reactivity. *Infancy*, *24*(2), 249–274.

Lee, K., & Rispoli, K. (2017). Racial disparities in perceived social support and social service use: Associations with maternal depression and head start participation. *Journal of Community Psychology*, *45*(8), 1080–1093.

Linnan, L. A., & Ferguson, Y. O. (2007). Beauty salons: A promising health promotion setting for reaching and promoting health among African American women. *Health Education & Behavior*, *34*(3), 517–530.

Logan, S. (2018). *The Black family: Strengths, self-help, and positive change*. Abingdon, UK: Routledge.

Logan, S. L., & Freeman, E. M. (1990). *Social work practice with Black families: A culturally specific perspective*. London, UK: Longman Publishing Group.

Lukachko, A., Myer, I., & Hankerson, S. (2015). Religiosity and mental health service utilization among African Americans. *The Journal of Nervous and Mental Disease*, *203*(8), 578–582.

Manuel, J. I., Martinson, M. L., Bledsoe-Mansori, S. E., & Bellamy, J. L. (2012). The influence of stress and social support on depressive symptoms in mothers with young children. *Social Science & Medicine*, *75*(11), 2013–2020.

Martin, J. M., & Martin, E. P. (1985). *The helping tradition in the black family and community*. Washington, DC: National Association of Social Workers, Inc.

Martin, E. P., & Martin, J. M. (2002). *Spirituality and the Black helping tradition in social work*. Washington, DC: NASW Press.

May, E. M., Azar, S. T., & Matthews, S. A. (2018). How does the neighborhood "Come through the Door?" Concentrated disadvantage, residential instability, and the home environment for preschoolers. *American Journal of Community Psychology*, *61*(1–2), 218–228.

McCormick, M. C., Brooks-Gunn, J. E., Holmes, J. H., Wallace, C. Y., & Heagarty, M. C. (1992). Maternal health status in the year after delivery among low-income women. *Journal of Women's Health*, *1*(3), 225–230.

McLennan, J. D., & Offord, D. R. (2002). Should postpartum depression be targeted to improve child mental health? *Journal of the American Academy of Child & Adolescent Psychiatry*, *41*(1), 28–35.

Messer, L. C., Maxson, P., & Miranda, M. L. (2013). The urban built environment and associations with women's psychosocial health. *Journal of Urban Health*, *90*(5), 857–871.

Mitchell, S. J., & Ronzio, C. R. (2011). Violence and other stressful life events as triggers of depression and anxiety: What psychosocial

10970355, 2021, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/imhj.21910, Wiley Online Library on [31/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

resources protect African American mothers? *Maternal and Child Health Journal*, *15*(8), 1272–1281.

Mukherjee, S., Fennie, K., Coxe, S., Madhivanan, P., & Trepka, M. J. (2018). Racial and ethnic differences in the relationship between antenatal stressful life events and postpartum depression among women in the United States: Does provider communication on perinatal depression minimize the risk? *Ethnicity & Health*, *23*(5), 542–565.

Mundorf, C., Shankar, A., Moran, T., Heller, S., Hassan, A., Harville, E., & Lichtveld, M. (2018). Reducing the risk of postpartum depression in a low-income community through a community health worker intervention. *Maternal and Child Health Journal*, *22*(4), 520–528.

Murray, L., Arteche, A., Fearon, P., Halligan, S., Goodyer, I., & Cooper, P. (2011). Maternal postnatal depression and the development of depression in offspring up to 16 years of age. *Journal of the American Academy of Child & Adolescent Psychiatry*, *50*(5), 460–470.

National Center for Health Statistics. (2016). Health, United States, 2015: With special feature on racial and ethnic health disparities. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK367640/

Navaie-Waliser, M., Martin, S. L., Tessaro, I., Campbell, M. K., & Cross, A. W. (2000). Social support and psychological functioning among high-risk mothers: The impact of the Baby Love Maternal Outreach Worker Program. *Public Health Nursing*, *17*(4), 280–291.

O'hara, M. W., & Swain, A. M. (1996). Rates and risk of postpartum depression—A meta-analysis. *International Review of Psychiatry*, *8*(1), 37–54.

Orr, S. T., & James, S. (1984). Maternal depression in an urban pediatric practice: Implications for health care delivery. *American Journal of Public Health*, *74*, 363–365.

Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., … Gee, G. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLoS ONE*, *10*(9), e0138511.

Parker, A., & Blackwell, A. (2019). Capturing context: The role of social support and neighborhood on the psychological well-being of African American families. *Urban Social Work*, *3*(1), 70–94.

Pascoe, J. M., Stolfi, A., & Ormond, M. B. (2006). Correlates of mothers' persistent depressive symptoms: A national study. *Journal of Pediatric Health Care*, *20*(4), 261–269.

Pascoe, E.A., & Smart Richman, L. (2009). Perceived discrimination and health: a meta-analytic review. *Psychological Bulletin*, *135*(4), 531–554.

Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2012). Perceived racism and mental health among Black American adults: A meta-analytic review. *Journal of Counseling Psychology*, *59*(1), 1–9.

Quimby, E. (2006). Ethnography's role in assisting mental health research and clinical practice. *Journal of Clinical Psychology*, *62*(7), 859–879.

Radey, M. (2018). Informal support among low-income mothers post welfare reform: A systematic review. *Journal of Child and Family Studies*, *27*(12), 3782–3805.

Rafferty, Y., Griffin, K. W., & Robokos, D. (2010). Maternal depression and parental distress among families in the Early Head Start Research and Evaluation Project: Risk factors within the family setting. *İnfant Mental Health Journal*, *31*(5), 543–569.

Reeves, R., & Krause, E. (2019). The effects of maternal depression on early childhood development and implications for economic mobility. Washington, DC: Brookings Institute. Retrieved from https://www.brookings.edu/wp-content/uploads/2019/01/ES_20190131_Reeves_Maternal_Depression2.pdf

Reid, K. M., & Taylor, M. G. (2015). Social support, stress, and maternal postpartum depression: A comparison of supportive relationships. *Social Science Research*, *54*, 246–262.

Reviere, R. (2001). Toward an Afrocentric research methodology. *Journal of Black Studies*, *31*(6), 709–728.

Rice, W. S., Goldfarb, S. S., Brisendine, A. E., Burrows, S., & Wingate, M. S. (2017). Disparities in infant mortality by race among Hispanic and non-Hispanic infants. *Maternal and Child Health Journal*, *21*(7), 1581–1588.

Rosenthal, L., Earnshaw, V. A., Moore, J. M., Ferguson, D. N., Lewis, T. T., Reid, A. E., … Ickovics, J. R. (2018). Intergenerational consequences: Women's experiences of discrimination in pregnancy predict infant social-emotional development at 6 months and 1 year. *Journal of Developmental & Behavioral Pediatrics*, *39*(3), 228–237.

Schiele, J. H. (1996). Afrocentricity: An emerging paradigm in social work practice. *Social Work*, *41*(3), 284–294.

Schiele, J. H. (1997). The contour and meaning of Afrocentric social work. *Journal of Black Studies*, *27*(6), 800–819.

Schiele, J. H. (2000). *Human services and the Afrocentric paradigm*. Binghamton, NY: The Haworth Press.

Schiele, J. H. (Ed.). (2011). *Social welfare policy: Regulation and resistance among people of color*. Thousand Oaks, CA: Sage Publications.

Shaw, E., Levitt, C., Wong, S., Kaczorowski, J., & McMaster University Postpartum Research Group. (2006). Systematic review of the literature on postpartum care: effectiveness of postpartum support to improve maternal parenting, mental health, quality of life, and physical health. *Birth*, *33*(3), 210–220.

Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., & McGuinn, L. … Committee on Early Childhood, Adoption, and Dependent Care. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, *129*(1), e232–e246.

Siefert, K., Williams, D. R., Finlayson, T. L., Delva, J., & Ismail, A. I. (2007). Modifiable risk and protective factors for depressive symptoms in low-income African American mothers. *American Journal of Orthopsychiatry*, *77*(1), 113–123.

Smith, M. V., Shao, L., Howell, H., Wang, H., Poschman, K., & Yonkers, K. A. (2009). Success of mental health referral among pregnant and postpartum women with psychiatric distress. *General Hospital Psychiatry*, *31*(2), 155–162.

St. John, M. S., Thomas, K., & Noroña, C. R. with the Irving Harris Foundation Professional Development Network Tenets Working Group.(2012) Infant mental health professional development: Together in the struggle for social justice. *Zero to Three Journal*, *33*(2), 13–22.

Taylor, R. J., Ellison, C. G., Chatters, L. M., Levin, J. S., & Lincoln, K. D. (2000). Mental health services in faith communities: The role of clergy in black churches. *Social Work*, *45*(1), 73–87.

Taylor, R. J., Lincoln, K. D., & Chatters, L. M. (2005). Supportive relationships with church members among African Americans. *Family Relations*, *54*(4), 501–511.

Thomas, K., Noroña, C. R., & St. John, M. S. (2019). Cross-sector allies together in the struggle for social justice: Diversity-informed tenets for work with infants, children, and families. *Zero to Three Journal*, *39*(3), 44–54.

10970355, 2021, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/imhj.21910, Wiley Online Library on [31/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Vesga-Lopez, O., Blanco, C., Keyes, K., Olfson, M., Grant, B. F., & Hasin, D. S. (2008). Psychiatric disorders in pregnant and postpartum women in the United States. *Archives of General Psychiatry*, *65*(7), 805–815.

Wachs, T. D., Black, M. M., & Engle, P. L. (2009). Maternal depression: A global threat to children's health, development, and behavior and to human rights. *Child Development Perspectives*, *3*(1), 51–59.

Walker, L. O., Xie, B., Hendrickson, S. G., & Sterling, B. S. (2016). Behavioral and psychosocial health of new mothers and associations with contextual factors and perceived health. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, *45*(1), 3–16.

Ward, E. C., Clark, L. O., & Heidrich, S. (2009). African American women's beliefs, coping behaviors, and barriers to seeking mental health services. *Qualitative Health Research*, *19*(11), 1589–1601.

Ward, E., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing Research*, *62*(3), 185–194.

Washington, T., Rose, T., Colombo, G., Hong, J. S., & Coard, S. I. (2015). Family-level factors and African American children's behavioral health outcomes: A systematic review. *Child & Youth Care Forum*, *44*(6), 819–834.

Waehrer, G. M., Miller, T. R., Silverio Marques, S. C., Oh, D. L., & Burke Harris, N. (2020). Disease burden of adverse childhood experiences across 14 states. *PLoS ONE*, *15*(1), e0226134.

Weaver, H. N. (1992). African-Americans and social work: An overview of the ante-bellum through progressive eras. *Journal of Multicultural Social Work*, *2*(4), 91–102.

Wildeman, C., Schnittker, J., & Turney, K. (2012). Despair by association? The mental health of mothers with children by recently incarcerated fathers. *American Sociological Review*, *77*(2), 216–243.

Williams, D. R. (2018). Stress and the mental health of populations of color:Advancing our understanding of race-related stressors. *Journal of Health and Social Behavior*, *59*(4), 466–485.

Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: Evidence and needed research. *Journal of Behavioral Medicine*, *32*(1), 20–47.

Williams, D. R., & Mohammed, S. A. (2013). Racism and health I: Pathways and scientific evidence. *American Behavioral Scientist*, *57*(8), 1152–1173.

Williams, D., & Williams-Morris, R. (2000). Racism and mental health: The African American experience. *Ethnicity & Health*, *5*(3-4), 243–268.

Wilson, T. E., Fraser-White, M., Browne, R., Feldman, J., Price, M., Homel, P., … Davis-King, D. (2008). Hair salon stylists as breast cancer prevention lay health advisors for African American and Afro-Caribbean women. *Journal of Health Care for the Poor and Underserved*, *19*(1), 216–226.

Wisner, K. L., Sit, D. K., McShea, M. C., Rizzo, D. M., Zoretich, R. A., Hughes, C. L., … & Confer, A. L. (2013). Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. *JAMA Psychiatry*, *70*(5), 490–498.

Woods-Giscombé, C. L. (2010). Superwoman schema: African American women's views on stress, strength, and health. *Qualitative Health Research*, *20*(5), 668–683.

Woodward, A. T., Taylor, R. J., Bullard, K. M., Neighbors, H. W., Chatters, L. M., & Jackson, J. S. (2008). Use of professional and informal support by African Americans and Caribbean blacks with mental disorders. *Psychiatric Services*, *59*(11), 1292–1298.

Young, I. M. (1990). Five Faces of Oppression. *Justice and the Politics of Difference*. Princeton, NJ: Princeton University Press.

How to cite this article: Parker A. Reframing the narrative: Black maternal mental health and culturally meaningful support for wellness. *Infant Ment Health J*. 2021;*42*:502–516. https://doi.org/10.1002/imhj.21910

10970355, 2021, 4, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/imhj.21910, Wiley Online Library on [31/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License