SUPPORTING THE MENTAL HEALTH OF BLACK AND MINORITY ETHNIC WOMEN AND FAMILIES DURING THE PERINATAL PERIOD

Prepared for:

NHS Greater Glasgow and Clyde Perinatal and Infant Mental Health Network

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1: Background

Estimates suggest that around 20% of women (Prevatt et al., 2018[1]; Geller et al., 2018[2]) and up to 10% of fathers (Cameron et al., 2016)[3] experience poor mental health in the perinatal period. This can range from mild to moderate mental health difficulties to more severe and enduring mental illness, and evidence suggests that vulnerable populations are disproportionately affected (Scottish Government, 2017)[4].

Risk factors[5] for the development of mental health problems during the perinatal period include a history of mental health problems, childhood abuse and neglect, domestic violence, poor social support and unplanned or unwanted pregnancy. Migration status and ethnicity can also place women at greater risk. Recent research by the Mental Welfare Commission[6] found that postnatal depression and anxiety in black women was significantly higher than amongst white women and that black women were less likely to seek support.

Mental health problems during pregnancy can have a harmful impact not only on the woman but also on the unborn or developing baby. Without treatment, perinatal mental health problems can lead to a range of adverse psychological, social, parenting and employment outcomes. These impacts can be intensified for some severely unwell women. If the problem is particularly severe, lack of prompt and effective treatment can have very serious consequences, including suicide. Maternal death by suicide in the UK is the leading cause of direct deaths for women during the perinatal period.[7]

Maternal deaths are reported to MBRRACE-UK by the staff caring for the women concerned. The eighth MBRRACE-UK[8] annual report of the Confidential Enquiry into Maternal Deaths and Morbidity highlighted a more than four-fold difference in maternal mortality rates amongst women from Black ethnic backgrounds and an almost two-fold difference amongst women from Asian ethnic backgrounds compared to white women.

Mental health problems during the perinatal period can also result in a broad range of issues for the unborn or developing baby. There can be an increased risk of premature birth and stillbirth, congenital malformations and delayed physical growth, an increased risk of behavioural and emotional problems later in life, the possibility of

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[1] Prevatt, B et al, 2018 Peer-support intervention for postpartum depression: Participant satisfaction and program effectiveness

[2] Geller, P.A t al 2018. Introducing Mother Baby Connections: a model of intensive perinatal mental health outpatient programming. Journal of Behavioral Medicine.

[3] Cameron EE, et al (2016) Prevalence of paternal depression in pregnancy and the postpartum: an updated meta-analysis. Journal of Affective Disorders, 206, 189-203

[4] Scottish Government 2017b. THE BEST START A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland.

[5] Jones I, Craddock N. Familiarity of the Puerperal Trigger in Bipolar Disorder: Results of a Family Study. American Journal of Psychiatry (2001)158(6):913-7

[6] perinatal_report_final.pdf (mwcscot.org.uk)

[7] MBRRACE-UK Saving Lives, Improving Mothers' Care – Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19

[8] MBBRACE-UK, Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19 (Nov 2021)

lower IQ and poorer educational attainment and poor emotional attachment between mother and baby[9].

The Scottish Government is aiming to improve the recognition and treatment of perinatal mental health difficulties, through commitments in both the Mental Health Strategy 2017-2027[10] and the Programme for Government 2018-2019 and 2019-20.[11] In March 2019, the First Minister announced £50 million of investment for perinatal and infant mental health services over four years. As part of wide-ranging recommendations, the Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services[12] report recommended prevention and early interventions which included enhanced engagement and co-ordinated working with the Third Sector.

NHS Greater Glasgow and Clyde (NHS GGC) established a Perinatal and Infant Mental Health Network (PNIMH) which is a multi-disciplinary partnership including NHS Clinical and Health Improvement, Third Sector and National Organisations working to translate strategy into local action, share good practice and build capacity. The Network now has in excess of 150 members.

To help inform the work of the Network, NHS GGC Mental Health Improvement Team commissioned research to explore the experience of organisations that engage with women from ethnic communities and their families during the perinatal period. The purpose of the research was to:

- Identify the challenges which organisations face in engaging with the women and families from these communities
- Explore what support organisations would need to help them engage more effectively with the women and their families
- Identify examples of good practice in engagement

2. Methods and limitations

Methods

The research was conducted through a combination of online survey of all Network members with focus groups with a sample of members to explore experiences and needs in more depth.

An online survey was developed in order to establish:

- The extent to which women and families from ethnic communities accessed members' services/support
- How organisations communicate their services/support to people in ethnic communities

[9] Prof Stein, A et al: Effects of Perinatal Mental Disorders on the Foetus and Child, The Lancet 2014
[10] Scottish Government, Mental Health Strategy 2017-2027
[11] 2Scottish Government, Programme for Government 2018-2019 and 2019-20
[12] Perinatal Mental Health Network Scotland National Managed Clinical Network Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services

- The extent to which BAME communities are visible in the promotion methods used
- Methods of cascading information
- Suggestions for encouraging engagement
- Examples of approaches taken to engaging with BAME women.

A total of 29 organisations responded to the online survey, just under a quarter of the membership (approximately 19%). More detailed discussions were conducted with 3 organisations who responded to the invitation to participate in 1:1 interviews. These discussions explored organisations' experiences of engaging with black and minority ethnic women and the factors which encouraged engagement or acted as barriers.

Limitations

Despite invitations to participate in the survey being offered to all 150+ members of the Network and offers of 1:1 individual discussions instead of focus groups, uptake amongst the Network members was much more limited than expected. The survey was conducted in March and April to meet planning timetables, however it is recognised that this period coincides with end of financial year activities for some organisations. However, further extensions to the deadline made limited impact on response rates.

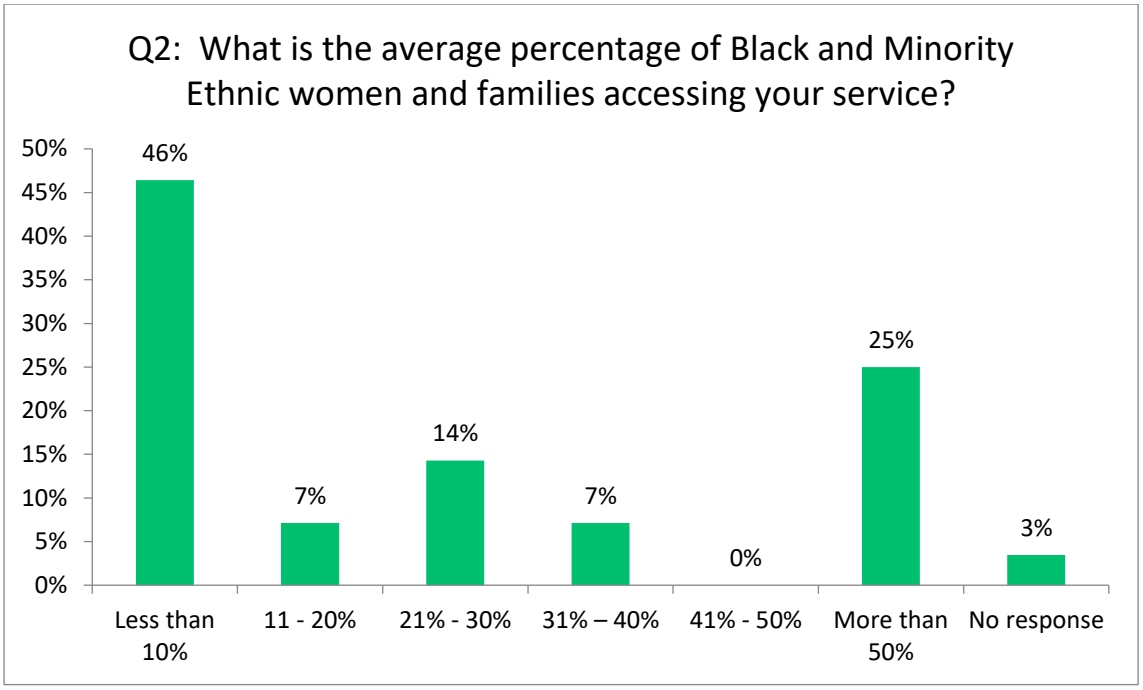
Recognising the lower than anticipated uptake by Network members, the findings from this research has been compared to the findings from other research sources to establish the extent to which the feedback is reflective of organisational experiences.

3: Research findings

3.1 Service access

The feedback to the survey suggests that the respondents have a wide mix of ethnic populations in their areas, although it is not known what the percentage mix is for their local areas. Three respondents were unsure about the ethnic mix within their local area.

The extent to which members of ethnic communities engaged with the organisations also varied considerably. Whilst a quarter of respondents (25%, 7 respondents) stated that more than half of the people using their service were from Black and Minority Ethnic communities, almost half of the respondents stated that it was less than 10%.



3.2 Promotion methods

Almost half of the respondents (48%, 14 respondents) promoted their service via direct contact or linking in with organisations that work directly with BAME communities in their area:

- Contact through health visitors or referrals from other NHS services (31%, 9 respondents)
- Linking in with other local organisations/networks/services that engage with BAME communities (17%, 5 respondents)

This feedback suggests that most of the contact relies on engagement with NHS services, particularly the Health Visiting Universal Pathway.

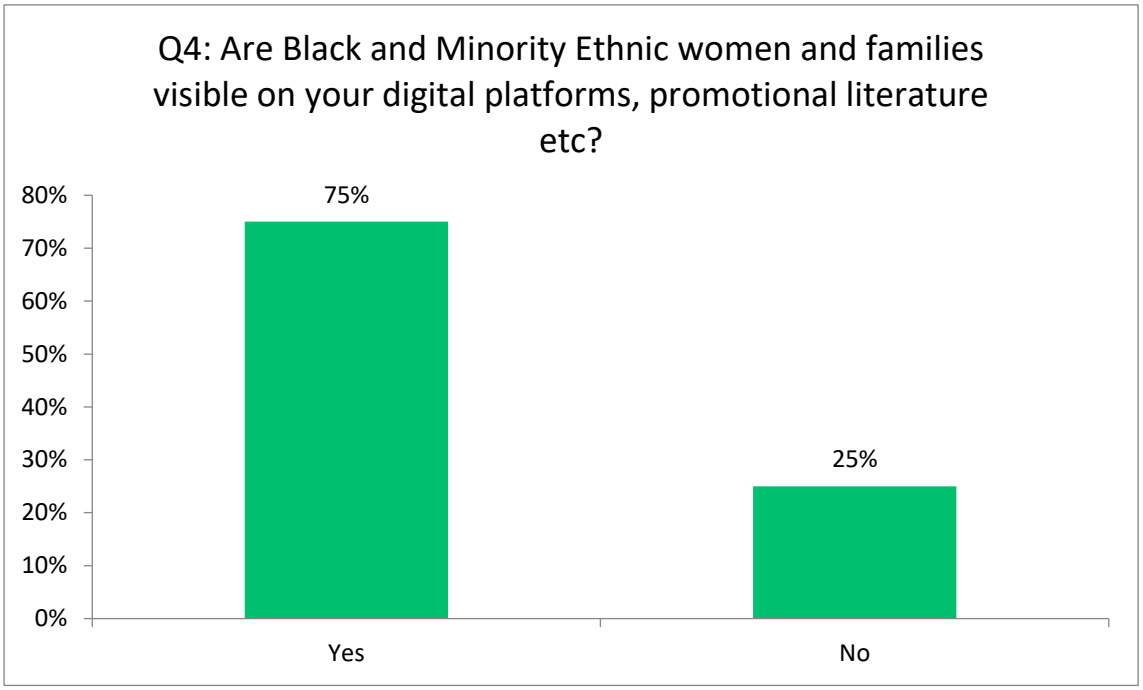
Six respondents (21%) used methods which were more remote (i.e. did not rely on face to face contact):

- Five respondents (17%) provided written information in a variety of languages, including different dress identities and/or skin colours
- One respondent used social media platforms

There were no specific promotional methods mentioned by the other 9 respondents.

3.3 Visibility of BAME communities in promotion methods

Despite respondents not highlighting the use of digital promotion, three quarters (75%, 22 respondents) stated that BAME communities were visible on their digital platforms and promotional literature (see Q4 below) and almost two-thirds (61%) stated that they provided information in more than one language (see Q5 below).



Conversely, 1 in 5 respondents stated that BAME communities did not feature on their digital platforms. Whilst just over half of these respondents (4) had less than 10% of their service uptake from BAME communities, these communities accounted for over 50% of service uptake for 2 respondents.

Almost 4 in 10 respondents stated that they did not provide information in different languages. All but one of these respondents had less than 10% of their services accessed by BAME communities.

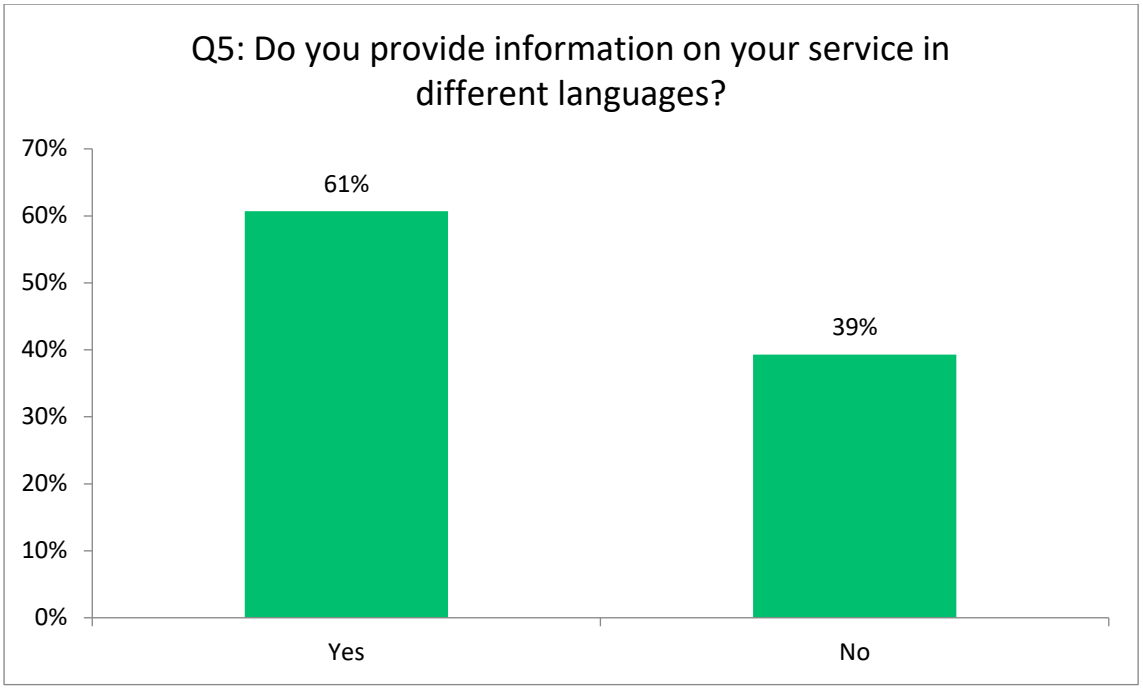
Feedback from the in-depth interviews suggested that many of their local communities were experiencing digital poverty, including local BAME communities. This might explain why respondents have not specifically highlighted these methods as their means of promoting their service to these communities.

3.4 Cascading information

Of the 14 respondents who stated how they cascaded their service information; the personal approach was the most common method (7 respondents). This involved Health Visitors and personnel from local organisations working with BAME communities in their area.

A further two (2) respondents shared information with their team members, although it is not clear how this is then cascaded out to the relevant communities.

The remaining respondents (5) used social media or printed material.



3.5 How to encourage engagement

The most common suggestion by 24 respondents to encourage BAME families to engage regarding perinatal mental health was increasing the involvement of BAME communities (13 respondents in total):

- In developing and designing service provision (5 respondents)
- Linking in with local BAME community organisations to promote services and encourage uptake (4 respondents)
- Increase representation from BAME communities in staff and volunteer delivery teams (4 respondents)

Four respondents in the online survey suggested developing more culturally sensitive imagery in their promotional material or producing it in multiple languages might encourage uptake and two respondents requested interpreter support.

In addition to this, two respondents suggested that there should be more work done to increase understanding of why BAME families don't engage with the service. The face-to-face interviews suggested that the workforce is not, in many cases, currently culturally aware and that more support is needed in staff development than in communications in order to understand the barriers BAME women face in accessing perinatal mental health support.

The need for increased training amongst practitioners was also highlighted in the recent *Black Maternity Experiences Report"* [13] which explored the maternity

[13] Five X More, 2022, Black Maternity Experiences Report

experiences of over 1,300 black and ethnic minority ethnic women across the UK. This report identified issues with attitudes and knowledge of black women amongst NHS maternity and primary care staff and found widespread issues with racially based assumptions regarding women's pain tolerance, level of education and relationship status. Resultant poor information, particularly regarding perinatal mental health and a tendency to discourage women's concerns resulted in a reticence to engage with support services.

Where positive engagement was identified in the report, this tended to be related to situations where there was a clear racial diversity in the workforce which BAME women found that they were better able to provide reassurance and were more willing to listen to their concerns.

3.6 Examples of approaches taken to engaging with BAME women

In the online survey, four respondents outlined how they were engaging with women from BAME communities in their service/support provision. This included:

- Creating bespoke resources in multiple languages and provide interpreters when engaging with clients who do not speak English
- Having volunteers from many cultural backgrounds (lived experience), who speak a multitude of languages to enable clients to receive support from someone with shared cultural understanding/language
- Specific parent/baby drop-in sessions for ethnic communities, which are facilitated by someone from within the community
- Providing a robust health visiting pathway for every mum and new mum, based on a relationship approach where mums see their health visitor regularly, enabling support, including mental health support to be available for people early on
- Linking in with local organisations who are already supporting BAME communities to help overcome any language barriers

3.7 Qualitative feedback

Three face to face interviews were also conducted to explore experiences.

Levels of engagement
The extent of engagement varied considerable amongst the interviewees, from 7% of referrals to up to 50%. The highest level of referrals was received by an organisation who works in local communities where there are many BAME communities.

Sources of referral
The organisations receive referrals from a range of sources including GPs, Health Visitors, perinatal mental health teams, community link practitioners and self-referral. Most referrals appeared to be self-referral. In the organisation with the largest number of referrals of BAME women with perinatal mental health issues, this was often as a result of word-of-mouth suggestions from BAME women. In the organisation with the least number of referrals, women tended to have been signposted from local organisations who work with these communities.

There were limited referrals from Health Visitors and GPs.

How to encourage women to engage
In the organisation with the highest number of referrals from BAME communities, their staff are well known in the local area – *"a trusted face"*. The interview suggested that:

"Being able to chap doors is really important. Many of these women (in areas of deprivation) don't have telephones and can't read English so you need to see them in person"

This organisation also had several local groups and networks that were in regular contact with women in BAME communities and who could encourage them to seek help. They also use social media, with information and visual imagery from a cross-section of BAME communities to be as inclusive as possible.

Wider support is also provided for women and their families which provides an opportunity to engage on other issues and which may enable trusting relationships to be developed which would encourage women to then seek help for mental health issues. Additional support includes ESOL classes, childcare and advocacy, particularly relating to letters to the Home Office, benefits applications etc.

Using peer support
The organisations recognise that there are cultural reasons in many BAME communities which discourage women experiencing perinatal mental health issues from seeking help. This is a particular issue with women in lower income groups.

A key issue appears to be relating to self-esteem, with many of the BAME women feeling that they are not worthy of support. A considerable amount of early support relates to trying to empower these women – peer mums appear key in helping address this.

One organisation provides volunteering opportunities for asylum seekers. Some of these women have received support for their own perinatal mental health issues and are keen to encourage others to get help. The organisation provides specific support and training for women to become volunteers.

"Their lived experience is vital because they can talk to women about how they have benefited from the support. It doesn't mean the volunteers only work with their own communities; it works just as well for women coming from different BAME communities"

"We really need more people from BAME communities in roles that directly engage with these women. There are cultural and religious sensitivities which can prevent women from seeking help. We also need to recognise that BAME is not a homogenous group and be prepared to offer different support to different communities".

"Mental ill-health is a real stigma in many BAME communities and peers can really help women to show services understand their situations".

Building on local capacity
The organisations also signpost to other local community groups including AMMA, Anchor, Abunto and the Scottish Refugee Council.

"These organisations have people who are from BAME communities, who understand the issues and who are recognised in BAME communities as already providing help. We need to build closer relationships with them".

Staff skills
The organisations provide diversity training for staff and volunteers but there were still language barriers which can create difficulties. Staff were also concerned that their lack of knowledge and cultural awareness would result in creating greater barriers. One organisation has sourced bespoke training from the Scottish Refugee Council to help address this.

4: Conclusion and the next steps

Although the feedback in this consultation was from a limited number of organisations, it was relatively consistent and does resonate with findings from other, recently conducted research with BAME communities. The findings suggests that, whilst promotional materials and visual imagery which is inclusive and reflective of all the communities which organisations serve and is in languages which they understand is important, engaging with women at risk of, or experiencing perinatal mental health is much more than that.

The Black Maternity Experiences Report[14] found that BAME women were reluctant to engage with services due to previous negative experiences related to lack of cultural and physiological knowledge about BAME women resulting in staff making incorrect assumptions and providing unsuitable care and support, particularly regarding mental health and emotional wellbeing. Organisations in this consultation that were engaging with the greatest proportion of BAME women highlighted the importance of cultural and religious awareness and sensitivities not only in the ways in which they promoted their service but also in the ways in which they delivered support.

The feedback in this consultation, mirrored in the Black Maternity Experiences Report[14], highlights the importance of person-centred and relationship-based practice. It demonstrates the effectiveness of "boots on the ground" and peer based lived experience in reaching women in BAME communities who may be experiencing perinatal mental health and encouraging them to seek support. These women may be discouraged from seeking support due to a combination of concerns as to how this would be perceived in their families and local communities and how they would be received (and treated) by services.

[14] Fivexmore, The Black Maternity Experiences Report, 2022

This consultation, together with recent research reports with BAME communities, suggests that the following approaches are likely to be more effective in encouraging women in BAME communities to seek support for perinatal mental health issues:

- Encouraging women from BAME communities (peers) to raise awareness of available support in local communities. This could upskill local women from BAME communities and help reduce the stigma of seeking help for perinatal mental health amongst women at risk
- Building on local assets by working in partnership with local community organisations and networks that already work with and support BAME communities. Almost half of the organisations that responded to the survey are already doing this and widening this approach would enable greater reach into these communities and encourage uptake by building on existing trusted relationships
- Linking in with local organisations would also enable support organisations to reach members of BAME communities who do not have digital access, as digital poverty is highlighted as an issue in BAME communities where there are low incomes
- Providing staff and volunteers in organisations with specific training on cultural and religious sensitivities associated with perinatal mental health. It is also recognised that implementing the learning from this training may require a re-shaping of how organisations deliver support to these communities to ensure it is culturally sensitive
- Ensuring the support is delivered more flexibly in order to meet the needs of different BAME communities. The survey demonstrated that the areas the organisations support tend to have several different ethnicities within their communities
- Ensuring that all service materials, from promoting availability through to assessing needs and developing care/support plans is inclusive in its visual imagery, terminology and language

Whilst recognising that this was a small scale piece of research with a small number of respondents; It is essential that the actions arising from this and other key research, augment and complement the approach which NHS Greater Glasgow and Clyde is taking to improve outcomes for families and that these have a positive impact on maternal and infant mental health for BAME women and families who face additional barriers to engagement.

It is important that key stakeholders in both the statutory and third sector are involved as a partnership at an early stage of any process to improve accessibility to services; whilst ensuring that there are the necessary linkages in terms of what will be most useful for NHSGGC's strategic direction in the area of perinatal mental health. This whole system approach will ensure we get it right for all new and expectant BAME women in the perinatal period.

The findings and associated recommendations from the report will be presented to a number of forums and strategic NHS Greater Glasgow and Clyde structures such as the NHSGGC PNIMH Implementation group, PNIMH Network and Healthy Minds Network and other appropriate structures.