



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

A Call to Action



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NHS GREATER GLASGOW & CLYDE MENTAL HEALTH IMPROVEMENT TEAM

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Context

Becoming a parent is often portrayed as a joyous time, however for many the reality is very different with reports showing that 1 in 5 women and 1 in 10 men (Scottish Government, 2020)¹ are affected by mental health problems during pregnancy and the first year after birth. The stigma and fear associated with perinatal mental health can leave those affected feeling inadequate as a parent, isolated and vulnerable and can impede or delay getting help, treatment and recovery. Whilst the perinatal period can be a vulnerable time for all women, research highlights Black and Minority Ethnic (BAME) women are at greater risk of developing mental health problems. BAME women's vulnerability is further exacerbated due to additional factors of culture and ethnicity; stigma attached to mental health, language barriers, lack of awareness of supports available and many more. The 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 2015–17 (2019)² reported that there remains 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, emphasising the need for a continued focus on action to address these disparities.

The NHS Greater Glasgow and Clyde (NHSGGC) Perinatal and Infant Mental Health Network (PNIMH), was established in response to the Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services report (2018)³ and has been active for over three years. On behalf of the PNIMH network, the NHSGGC Mental Health Improvement Team commissioned a small scale research project to "**explore the experiences of PNIMH network partners in engaging with BAME women and their families during the perinatal period to support mental health and wellbeing**". 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 families
- Identify examples of good practice in engagement

This brief summary paper gives an overview of the recommendations from the report and how these reflect themes from recent research sources including:

- The Black Maternity Experiences Report (2022)⁴
- Peer support in perinatal mental health: evidence review (2020)¹
- Voices and Visibility: The inclusion of refugees and asylum seekers in decision-making processes (2022)⁵
- INVISIBLE: Maternity Experiences of Muslim Women from Racialised Minority Communities (2022)⁶

Using the broad themes highlighted within The Commission's report into racial and ethnic disparities in the UK (2021)⁷; recommendations from the NHSGGC research report and key recommendations from the referenced papers above have been grouped under the following:

- Build trust
- Promote fairness
- Create agency
- Achieve inclusivity

Theme	Supporting the Mental Health of Black and Minority Ethnic Women and Families during the Perinatal Period (2022)	Peer support in perinatal mental health: evidence review (2020)	The Black Maternity Experiences Report (2022)	Voices and Visibility: The inclusion of refugees and asylum seekers in decision-making processes (2022)	INVISIBLE: Maternity Experiences of Muslim Women from Racialised Minority Communities (2022)
BUILD TRUST	<p>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.</p> <p>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</p>		More community-based approaches must be used to improve maternal outcomes	Breakdown stereotypes and preconceptions about asylum seekers and refugees by utilizing opportunities to highlight their strengths, skills, aspirations, contributions and the commonalities with the host communities	Addressing NHS Process and Workforce Gaps

	highlighted as an issue in BAME communities where there are low incomes				
PROMOTE FAIRNESS	<p>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</p> <p>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</p>	<p>Use data in a responsible and informed way</p> <p>Develop and publish a set of ethnicity data standards to improve understanding and information gathering, reducing the opportunity for misunderstanding and misuse.</p>	<p>Increased knowledge on identifying and diagnosing conditions that are specific to and disproportionately affect Black women</p> <p>Ensure that individuals involved in training health care professionals are aware and have an appreciation of the disparities in maternity outcomes</p>	<p>Map and deliver training to PCs and HSCPs with the support of third sector organisations and people with lived refugee experience. This training should support the reduction of stigma and arrive at a better informed and a more inclusive and targeted outreach process of public engagement.</p>	<p>Improving Clinical, Interpersonal and Cultural Staff Competence</p>
CREATE AGENCY	<p>Encouraging women from BAME communities (peers) to raise</p>		<p>Black led community groups supporting women and birthing</p>	<p>Invest in a befriending/mentoring programme within civic</p>	<p>Maternal Empowerment</p>

	<p>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</p>		<p>people should be consulted about decisions affecting their care from conception of ideas through to implementation</p>	<p>forums between refugees and existing members of the forums</p>	
<p>ACHIEVE INCLUSIVITY</p>	<p>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</p>	<p>Targeted peer support services should be designed to meet the particular needs of groups who are currently underserved by services, for example: Mothers/carers living in poverty, ethnic minority groups, geographically isolated communities, families affected by domestic abuse or substance abuse, parents who experience the loss of a baby, in addition to considering the impact of religious and cultural beliefs, disability, health problems and any other pertinent factors</p>	<p>Funding agencies and institutions should remove barriers to accessing funding for Black researchers and community organisations to carry out more research</p> <p>Improve the quality of Ethnic coding in health records: Staff recording data should avoid overusing the categories “other” or provide a text box to explain what “other” means</p>	<p>Recognise and understand that the complexity of cultural, political and social backgrounds of people can shape people’s participation in decision-making and civic forums; A ‘one size fits all’ approach must be avoided</p>	<p>Better data collection</p>

Next steps and Call to Action

The PNIMH network mission is to raise awareness of perinatal mental health and to ensure that we get it right for all new and expectant parents including BAME women and their families. Based on the recommendations from both this research and wider, the following is suggested:

1. Share summary paper with the following
 - NHSGGC PNIMH network
 - NHSGCC Local Implementation Group
 - NHSGGC Equalities and Human Rights Team
 - Other NHSGGC structures addressing equality and diversity

All are asked to consider the recommendations and implications for policy and practice.

References

1. Scottish Government (2020) Peer Support in Perinatal Mental Health: evidence review [Peer support in perinatal mental health: evidence review - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2020/12/Peer-support-in-perinatal-mental-health-evidence-review-2020.pdf)
2. 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 (2021) [MBRRACE-UK Maternal Report 2021 - FINAL - WEB VERSION.pdf \(ox.ac.uk\)](https://www.mbrpace.org.uk/wp-content/uploads/2021/05/MBRRACE-UK-Maternal-Report-2021-FINAL-WEB-VERSION.pdf)
3. Scottish Government (2018) Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services [PMHN-Needs-Assessment-Report.pdf \(scot.nhs.uk\)](https://www.nhs.uk/publications/pmhn-needs-assessment-report/)
4. Five X More (2022) Black Maternity Experiences Report. A nationwide study of Black women's experiences of maternity services in the United Kingdom [The+Black+Maternity+Experience+Report.pdf \(squarespace.com\)](https://www.fivexmore.org.uk/wp-content/uploads/2022/05/The+Black+Maternity+Experience+Report.pdf)
5. Mental Health Foundation (2022): Voices and Visibility. The inclusion of refugees and asylum seekers in decision-making processes. Dr Sacha Hasan, Consultant on behalf of Mental Health Foundation. Briefing paper March 2022
6. Muslim Women's Network (2022) INVISIBLE: Maternity Experiences of Muslim Women from Racialised Minority Communities [maternity_report_120722.pdf \(mwnuk.co.uk\)](https://www.mwnuk.co.uk/wp-content/uploads/2022/05/maternity_report_120722.pdf)
7. UK Government (2021) Independent report. The report of the Commission on Race and Ethnic Disparities. The Commission's report into racial and ethnic disparities in the UK [The report of the Commission on Race and Ethnic Disparities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/978227/Commission-on-Race-and-Ethnic-Disparities-Report-2021.pdf)