

Authors' Declarative title:

South Asian and Black women's perinatal mental health care services requires careful work with families, translators and peer supporters to reduce stigma and ensure confidentiality.

Commentary on:

Bains K, Bicknell S, Jovanović N, Conneely M, McCabe R, Copello A, Fletcher-Rogers J, Priebe S, Janković J. Healthcare professionals' views on the accessibility and acceptability of perinatal mental health services for South Asian and Black women: a qualitative study. *BMC Med.* 2023 Oct 2;21(1):370. doi: 10.1186/s12916-023-02978-5. Commentary

Implications for practice and research:

- Improving access for South Asian and Black women requires work with communities to challenge mental health stigma and improve confidentiality amongst translators.
- Research is required into the role of the peer support worker, and how they will affect women's access to and experience of perinatal mental health services.

Context:

The context of Bains et al's study is centred around the inequalities currently experienced by ethnic minority mothers when accessing perinatal mental health services in the United Kingdom¹. They are less likely to access community mental health services perinatally and are more likely to experience involuntary admissions². The study forms part of a larger piece of research exploring the access and acceptability of perinatal mental health services by women of South Asian and Black ethnicity, and interviews a range of healthcare professionals (HCPs) including psychiatrists, mental health nurses, health visitors, and psychologists.

Methods:

The study¹ is based upon a pragmatic paradigm, an approach supports using a methodology which "fits" the topic³, with the authors aiming to apply their findings to improve clinical practice. The authors used purposive sampling to recruit twenty-four healthcare professionals, through NHS trusts and social media. Data were collected through both online and face-to face, semi-structured interviews producing three themes overall. The qualitative method of Framework Analysis was used for analysis⁴. The authors document the numerous stages of analysis, including familiarization, identifying a framework, charting, mapping, and interpretation. They attribute each author to the stages they were involved in analysis. The first author's research position as an ethnic minority woman is acknowledged in the reflexivity section, alongside efforts to avoid this position influencing interpretation of the data.

Findings:

Three themes were produced through framework analysis. First, HCPs identify limitations in South Asian and Black women's recognition of and knowledge about help-seeking for perinatal mental illness. Second, they found that mental health stigma amongst family and friends can limit women's help-seeking, but that using community resources such as interpreters and peer supporters can facilitate access. Third, the authors noted that change is required to improve awareness of perinatal mental health issues, offer choice, and overcome HCP unconscious biases towards working with minority ethnic women.

Commentary:

This study is both relevant and timely. There is a lack of research on under-served populations, so it is refreshing to see this work funded of which this paper is one output.

One novel finding of this research lies in the observation that families can be both a facilitator, but also a barrier to women's support seeking, noting stigma as a significant issue. However, the authors could have further considered the cultural nuances of stigma, particularly since they have focused on two separate ethnic groups. Other work describes "reflected shame" when South Asian women access mental health services⁵. That is, by seeking help for mental health reasons, shame is caused to others, such as family, damaging their family honour within communities⁵.

This relates to the study findings around confidentiality when using translators¹. In this study, the potential lack of anonymity was feared by women, which in the context of other research⁵ may be fear of reflected shame and risk to family reputation, particularly in South Asian women. Therefore, whilst the authors suggest the use of peer supporters as a "bridge" between services and communities, this would only work if issues around confidentiality-as has occurred with translators-are resolved. Thus, for South Asian and Black women, working with families and communities to challenge perinatal mental health stigma, would be the key priority in improving access to services.

The sample demographics are quite varied, and it would have been interesting to see the differences in views which emerged during the study. Finally, whilst the participants are ethnically diverse, this may be a limitation to generalisability, since the sample are more likely to have personal understandings of cultural barriers, and so findings may not represent the views of HCPs more broadly.

References:

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