



## DIVERSITY AND INCLUSION DURING THE PANDEMIC

### EXPERIENCES OF ESTABLISHING A 'DIVERSE MUMS' GROUP IN A PERINATAL MENTAL HEALTH SERVICE.

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#### BACKGROUND

- Black, Asian and Minority Ethnicity (BAME) women are less likely to be aware of mental health services available to them
- They are less likely to access services due to negative past experiences or assumptions that care would not be sensitive to their needs [1]
- Cultural beliefs have an impact on symptom interpretation, making it difficult for women to know when to seek help [1]
- BAME women accessing mental health services feel their religion and culture are not understood and language barriers cause difficulties [2]
- BAME women have heightened risks from COVID-19 [3]
- NICE guidelines advise services should provide culturally relevant information on mental health problems in pregnancy and the postnatal period [4]

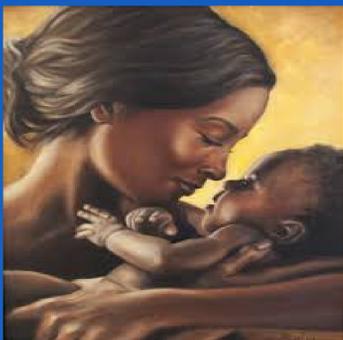


#### AIMS

- To establish a support group for women from diverse ethnic backgrounds experiencing perinatal mental health problems
- To offer women a safe space to talk openly about their mental health & well-being
- To enable women to share cultural experiences within a sensitive environment and to address health inequalities that they may face
- To gather feedback to contribute to improving access to mental health care for women from diverse ethnic backgrounds

#### METHOD

- A 'Diverse Mums' group was set up in the Leeds perinatal mental health service. Open to all women from BAME backgrounds under the community perinatal team.
- Initial pilot: 6 fortnightly group sessions, each lasting an hour, held via Zoom
- A questionnaire was completed by service users to get their views about the format of the group and to suggest discussion topics
- The group was led by the Clinical Engagement, Access & Inclusion Co-ordinator, with input from various different professional during each session.
- Topics included the **impact of faith, religion and spirituality on mental health, understanding your baby, health and nutrition, medication, the impact of Covid-19 and Covid-19 vaccination.**
- Short surveys were used to gather feedback. These were completed by 10 mums.



#### RESULTS: Key themes from surveys

##### • Sharing experiences

*'I felt understood and not alone.'*

*'Enjoyed everyone sharing their experiences. This made me feel stronger.'*

##### • Overcoming low self-esteem and anxieties

*'It helped improve my self-confidence.'*

*'It allowed me to cope with all of the overwhelming problems I was facing during this lockdown.'*

*'I felt like we were all a little family and that my worries were heard and cared about.'*

##### • Discussing cultural issues

*'It allows us to talk about feelings other people don't understand e.g., about Jinn and what people say about this in our culture'*

*'I was able to relate to the other mums from similar background as me when talking about extended family, family pressures etc.'*

*'Something I appreciated with this group was the ability to talk about my religion openly.'*

##### • Social connection

*'I have found that this social connection keeps me connected to the real world, instead of getting lost into the chaos of worries in my head.'*

*'I loved how I made new friends who understood me and made me feel comfortable.'*

#### REFERENCES

1. Watson, H. et al. A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. PLoS ONE. 2019; 14(1):e0210587.
2. Noor, S.Z. et al. Breast-feeding and maternal mental well-being among Bangladeshi and Pakistani women in north-east England. Public Health Nutrition. 2008; 11(5):486-92.
3. Khunti, K. et al. Is ethnicity linked to incidence or outcomes of covid-19? BMJ 2020; 369:m1548.
4. Antenatal and postnatal mental health: clinical management and service guidance. Clinical guideline [CG192] Published date: 17 December 2014