

COMMENTARY

Open Access



Perinatal mental health services for women from minority ethnic groups: why patient-centred approach matter

Shanquan Chen^{1*} , Huyang Zhang^{2,3} and Hannah Kuper¹

Keywords Perinatal mental health, Patient-centred approach, Ethnic minorities

Background

Perinatal mental health refers to the spectrum of psychological conditions that occur during pregnancy (prenatal period) and up to 1 year after delivery (postnatal period) [1]. This includes a range of emotional and behavioural disorders, from mood and anxiety disorders like prenatal or postnatal depression and anxiety to more severe conditions such as postpartum psychosis [1]. One in five women will experience perinatal mental health disorders, which arise from a complex blend of biological (e.g. hormonal changes and altered inflammatory responses), psychological (e.g. stress, insufficient social support, trauma, and negative life events), and sociocultural influences (e.g. socioeconomic status, cultural attitudes towards pregnancy and childrearing, and healthcare access) [2, 3].

Insufficient use of perinatal mental health services can deeply impact women, infants, and families [4–6]. Untreated perinatal mental health issues may result in heightened emotional distress, functional issues,

self-harm, and possibly suicide. Infants may face premature birth, low birth weight, developmental delays, and disturbed bonding. Families could experience strained relationships, disrupted dynamics, and the spread of mental health issues. Therefore, adequate perinatal mental health services are essential for the well-being of women, infants, and families.

UK policy stipulates early pregnancy and postpartum mental health screenings, yet a considerable gap between policy and practice exists. Identification rates of mental health issues may fall below 50%, and this disparity is even greater among ethnic minority women [2]. While barriers at the individual, organisational, sociocultural, and structural levels have been identified, specific evidence concerning ethnic minority women remains insufficient.

Breaking barriers for more accessible and acceptable perinatal mental health services

The recent paper published by Bains et al. explored a pressing concern in perinatal mental health — the provision of appropriate care to women from minority ethnic groups [7]. This study employed a robust qualitative design, employing interviews with twenty-four healthcare professionals, thereby providing rich, diverse, and insightful data that propels us closer to designing more inclusive and effective perinatal mental health services [7]. Three primary themes emerged from the study. The first relates to a pervasive lack of awareness and understanding of perinatal mental illness and service structure, apparent both in healthcare professionals and patients.

This comment refers to the article available online at <https://doi.org/10.1186/s12916-023-02978-5>.

*Correspondence:

Shanquan Chen
shanquan.chen@shhtm.ac.uk

¹ International Centre for Evidence in Disability, London School of Hygiene & Tropical Medicine, London WC1E 7HT, UK

² Institute for Global Health and Development, Peking University, Beijing 100086, China

³ China Center for Health Economic Research, Peking University, Beijing 100086, China



© The Author(s) 2023. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

The second theme brings to light how patients' relationships with their families, friends, and healthcare professionals can act as both facilitators and hindrances to accessing services. The third theme reveals how healthcare professionals promote raising awareness, flexibility, and shared understanding to enhance the accessibility and acceptability of services.

Grounded in the perspectives of healthcare professionals, this study shines a light on the systemic and nuanced barriers that these women face in accessing perinatal mental health services. Undeniably, it underscores the critical need for more patient-centred approaches in this sector. However, as valuable as healthcare professionals' perspectives are, to truly embrace a patient-centred approach, we must include the voices and experiences of the patients themselves.

In defining a patient-centred approach, we typically consider eight key elements: clear communication, continuity of care, involvement in decisions, attention to physical needs, emotional support, involvement of family, effective treatment, and fast access to healthcare advice [8]. These elements are all crucially intertwined, shaping a healthcare experience that is truly responsive to the patient's needs, preferences, and cultural context.

In the context of perinatal mental health services for women from minority ethnic groups, these elements take on added layers of complexity. For instance, clear communication must transcend language barriers and cultural nuances. Emotional support must be sensitive to unique cultural beliefs and biases around mental health. Effective treatment must take into account potentially divergent understandings of mental health between Western medicine and different cultural paradigms. Fast access to healthcare advice must address both systemic barriers and personal hesitations arising from stigma or fear.

Women's narratives can shed light on how personal relationships can shape their willingness and ability to access services, guiding us to involve families and carers in ways that are more supportive and respectful. Direct engagement with these women can also help to better understand their perspectives on effective treatment and work towards delivering it in a manner that builds trust, ensures continuity of care, and facilitates smooth transitions. Moreover, women's accounts can elucidate the invisible barriers to clear communication, expose the gaps in emotional support, and identify the factors that may inhibit their involvement in treatment decisions. They can help us comprehend how the fear of stigma, community censure, or the loss of their child might impact their access to perinatal mental health services. Notably, this study's findings regarding the role of peer support workers underline the importance of cultural

and linguistic alignment in service provision. Peer support workers, with their lived experiences and cultural closeness, can bridge the gap between health services and the communities they serve, thereby increasing the accessibility and acceptability of these services.

Conclusions

To summarise, Bains et al.'s study underlines the need for patient-centred approaches in perinatal mental health services for women from minority ethnic groups [7]. As we aim to enhance these services, it is essential to centre the voices and experiences of these women in our strategies. By doing so, we can strive to provide perinatal mental health services that are accessible, effective, empathetic, respectful, and culturally sensitive — embodying the true essence of patient-centred care. More corresponding studies are needed in future.

Authors' contributions

SC searched the literature and wrote the manuscript. HZ and HC was a major contributor in writing the manuscript and substantially revised it. The authors read and approved the final manuscript.

Funding

SC was supported by the PENDA, funded by the UK Foreign, Commonwealth and Development Office.

Availability of data and materials

Not applicable.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

Received: 13 July 2023 Accepted: 13 July 2023

Published online: 03 October 2023

References

1. Webb R, Uddin N, Ford E, Easter A, Shakespeare J, Roberts N, Alderdice F, Coates R, Hogg S, Cheyne H, et al. Barriers and facilitators to implementing perinatal mental health care in health and social care settings: a systematic review. *Lancet Psychiatry*. 2021;8(6):521–34.
2. Howard LM, Khalifeh H. Perinatal mental health: a review of progress and challenges. *World Psychiatry*. 2020;19(3):313–27.
3. Mental Health and Substance Use: Guide for integration of perinatal mental health in maternal and child health services. In. Edited by World Health Organization. Geneva: 2022. p. 1–66. <https://www.who.int/publications/i/item/9789240057142>.
4. Howard LM, Molyneaux E, Dennis CL, Rochat T, Stein A, Milgrom J. Non-psychotic mental disorders in the perinatal period. *Lancet*. 2014;384(9956):1775–88.

5. Stein A, Pearson RM, Goodman SH, Rapa E, Rahman A, McCallum M, Howard LM, Pariante CM. Effects of perinatal mental disorders on the fetus and child. *Lancet*. 2014;384(9956):1800–19.
6. Goodman SH. Depression in mothers. *Annu Rev Clin Psychol*. 2007;3:107–35.
7. Kiren Bains, Sarah Bicknell, Nikolina Jovanović, Maev Conneely, Rosemarie McCabe, Alex Copello, Jessica Fletcher-Rogers, Stefan Priebe, Jelena Janković: Healthcare professionals' views on the accessibility and acceptability of perinatal mental health services for South Asian and Black women: a qualitative study. *BMC Medicine*. 2023. <https://doi.org/10.1186/s12916-023-002978-5>.
8. Picker Institute Europe: Influence, inspire, empower. Oxford: 2020. <https://picker.org/wp-content/uploads/2022/03/Picker-Impact-Report-2021-WEB-updated.pdf>.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

At BMC, research is always in progress.

Learn more biomedcentral.com/submissions

