



Ms Alis Rasul (UK)

Voices of nurses from Pakistan



EQUITY IN HEALTHCARE: DEVELOPING A CULTURAL SAFETY APPROACH

Alis Rasul

A Mary Seacole Leadership Award

A realist evaluation of the health visitor role in delivering a culturally sensitive & early intervention parenting programme to support the mental health of BAME Muslim families.



The project

In 2017, the Birmingham Community Healthcare NHS Foundation Trust, in partnership with St Paul's Children's Centre, opened up the opportunity to support and fund two health visitors to be trained in the culturally sensitive parenting programme 'Approachable Parenting'. The Approachable Parenting programme has been running for over 10 years providing support and information to local BAME families, in particular those practicing the Muslim faith. Birmingham has one of the highest Muslim populations in the country (22% of the local population). This opportunity allowed for the evaluation of the co-delivery of the Approachable Parenting programme, in particular the delivery of the culturally sensitive element by the health visitor to enable equity in healthcare.

Executive Summary

The World Health Organization's (2017) response to the Commission was recommendations for implementation in a policy brief titled 'Culture Matters: Using cultural contexts of health approach to enhance policy-making'.

Early intervention in perinatal mental health focusing on parental education and building healthy relationships can have a positive impact on both maternal and child mental health. Postnatal depression can be dramatically reduced with increased attachment and bonding, as well as support from extended family, friends, and professionals (Eastwood et al., 2017).

Health visitors play a key role in protecting the emotional wellbeing of children from the impact of perinatal mental illness (which can vary from universal to complex) and significant complications that can impact the child's health and wellbeing (DOH, 2009; NICE, 2014)

Other support for parents, in particular in relationship building, can be provided by parenting programmes (Symonds, 2018). In particular, there has been an evidence base for culturally-competent parenting programmes (Calzada 2010; Colleen et al., 2014). The Approachable Parenting programme is one such programme that has been utilised in Birmingham, Manchester, and London for the past 10 years.

INTRODUCTION

There is a strong evidence base on cultural perceptions and stigma of perinatal mental health in BAME communities (Anderson et al., 2017; Hussain et al., 2012; Prady, 2016; Watson et al., 2019). Some of the studies reviewed acknowledged that Muslim women felt they had to keep their mental health issues to themselves and not share them with family and friends. There was also some indication that some Muslim women disassociate themselves from mental illness as being an illness, since it is culturally considered a form of physical deformity; the mental health of some of the mothers was thus not considered a priority (Fazil and Cochrane, 2003; Hanley and Brown, 2014; Parvin et al., 2004). This could be related to Muslim populations increasingly using spiritual and/or cultural coping mechanisms compared to patients from other beliefs in the UK (Meer and Mir, 2014).

Culture and Perinatal mental health

Professor Sir Michael Marmot was requested by the then-Secretary of State for Health in 2008 to chair an independent review to propose the most effective evidence-based strategies in reducing health inequalities in England. The final report was titled *Fair Society Healthy Lives (Marmot, 2010)*. It concluded that reducing health inequalities would require action on six policy objectives:

1. Give every child the best start in life;
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives;
3. Create fair employment and good work for all;
4. Ensure healthy standard of living for all;
5. Create and develop healthy and sustainable places and communities; and
6. Strengthen the role and impact of ill-health prevention.

Equality, Diversity and Equity

Findings

Three themes emerged from the findings of this study: relationships, trust, and 'me time'. The findings indicate the need for health organisations, policy makers, HEE, and academia to work in partnership to support the perinatal mental health of BAME communities as early as possible. Future health services need to evidence equity in healthcare with service user involvement so that the services provided are fit for purpose and receive full engagement from the communities that health organisations serve. These services should also be identified by the service users as high quality and culturally safe for them.

SUMMARY FINDINGS



Establishing a health organisation workforce that can practice competence is crucial in addressing health inequalities and inequities in BAME communities. This can happen with much needed investment and funding. Therefore, creating culturally sensitive services for BAME communities will require health organisations to undertake a journey of learning. The voice of BAME communities need to be heard for this transformation to be successful, and co-production with BAME communities needs to be at the heart of services that could eliminate discrimination for our service users.

Conclusions & Recommendations