Mind
Cambridgeshire,
Peterborough and
South Lincolnshire

THE
LANTERN
INITIATIVE

Starting Well - Perinatal Mental Health Support for Muslim Communities

Insight Report

Learnings from the stories of 24 Muslim mothers and their experiences during the perinatal period

Acknowledgements

We would like to thank all the individuals and community groups who contributed to this Insight Report, with special thanks to our Peer Designers and Project Board.

Especially, we would like to thank the 24 Muslim mums who have so generously shared their lived experience with our Peer Designers and project team.

We are privileged that all the Peer Designers want to stay in touch and be advocates of the project and we are working on ways to involve them in the future development and promotion of this project.

Introduction and Background

A perinatal project for Muslim mums in Peterborough

This **Starting Well** project responds to the mental health and wellbeing needs of pregnant women and new mums from the Muslim community of Peterborough, Cambridgeshire. Funded by the Department of Health and Social Care Starting Well Fund, it is using person-centred service design tools to co-design and, subsequently, deliver a new community-based perinatal service that has been designed with Muslim mums for Muslim mums.

This project is a two-year collaboration between Cambridgeshire, Peterborough and South Lincolnshire (CPSL) Mind, The Lantern Initiative and other local community partners who work within Peterborough's Muslim communities. The project is being delivered in partnership by CPSL Mind and The Lantern Initiative.

CPSL Mind is an independent charity, affiliated to the national Mind charity. CPSL Mind delivers a range of services and projects that support individuals in their recovery from mental health problems, promote positive wellbeing across our local communities and campaign against the stigma and discrimination.

The Lantern Initiative is a grassroots community organisation based in Peterborough working to educate and raise awareness of mental health issues within the Muslim community, helping to reduce the stigma around mental health and empowering the community to access relevant support.

Our Aim

Our aim over the next two years is to create a co-designed service that supports approximately 250 local Muslim women who are at risk of, or who are already, experiencing poor mental health during the perinatal period (from pregnancy to one/two years after birth).

This service will be based loosely on CPSL Mind's existing, highly regarded Connecting Mums service, which was developed in 2012 and has been delivered across Peterborough and Cambridgeshire since then. Working alongside a team of co-designers from across Peterborough's Muslim communities, this service will be developed by:

- **exploring** the barriers that prevent local Muslim women from accessing mainstream perinatal mental health support and identifying ways to improve trust and engagement within the community.

- **re-designing** our existing perinatal service, to meet the specific needs of Muslim women, to include faith-sensitive and culturally informed content and to be delivered by members of the Muslim community.
- **developing** evidence based good practice, sharing learnings and experience with partners and external organisations.
- **developing** a sustainable peer support network for Muslim women in Peterborough to provide support after the lifetime of this project.

We are working alongside our evaluation partner MEL Research to complete a robust independent evaluation of this project. MEL Research have significant experience in conducting research and project evaluation within diverse communities and utilise a range of evaluation tools from storytelling and participant diaries to baseline surveys and in-depth interviews.

More About the Community

Peterborough has a large Muslim community (9.4% of the Peterborough population according to the 2011 Census) and a large proportion are of South Asian origin.

We know that women from South Asian communities are disproportionately less likely to access local perinatal community mental health provision.

There have been many studies completed looking into the issues and stigmas relating to the mental health in South Asian communities. One recent study states that 'South Asian women living in the UK, particularly of Pakistani family origin, have a higher prevalence of depression, suicide and self-harm than White women.'[1]

This conclusion is also stated by Public Health England in their Mental Health and Wellbeing Joint Strategic Needs Assessment, October 2019. A further article also states that 'Only 10% of South Asians with depression are prescribed medication or are referred to psychiatric services.'[2]

Our own experience at CPSL Mind reflects this evidence; since 2013, CPSL Mind's perinatal service has worked with over 450 women across Cambridgeshire and Peterborough and only a very small percentage have identified as being from a Muslim community.

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[1] Gater, R, Tomenson, B, Percival, C, Chaudhry, N, Waheed, W, Dunn, G, et al. Persistent depressive disorders and social stress in people of Pakistani origin and white Europeans in UK. Soc Psychiatry Psychiatr Epidemiol 2009; 44: 198–207.

[2] Commander, MJ, Odell, SM, Surtees, PG, Sashidharan, SP. Care pathways for south Asian and white people with depressive and anxiety disorders in the community. Soc Psychiatry Psychiatr Epidemiol 2004; 39: 259–64

About Mind's Service Design Toolkit

This work follows the principles and steps of the Mind service design methodology. **Service Design in Mind** is an innovative approach, developed and tested by national Mind together with local Minds and people with lived experience of mental health problems, working collaboratively to design new services or improve existing ones.

Embedding person-centred, service design principles help us to uncover new insights and better understand the people who will be using our services. This, in turn, enables us to create innovative, desirable and effective services; to test new ideas in order to refine them; to engage with partners and people with lived experience in new and more meaningful ways.

We believe the Service Design in Mind offers an ideal approach to address the design of culturally sensitive projects, like the **Starting Well** project, and engage meaningfully with local Muslim people and other key stakeholders.

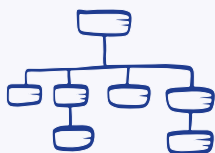| Set-Up	Explore	Generate	Make	Grow
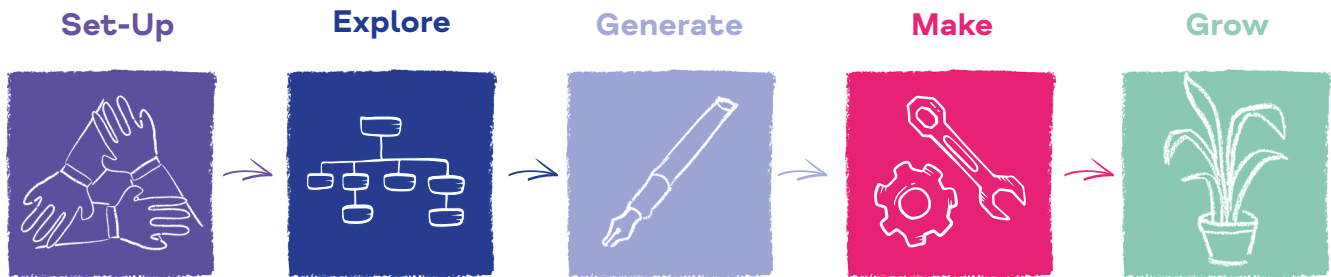
The Service Design Methodology is a structured approach made of five key steps:

Set-Up

This stage of the methodology is focused on establishing strong foundations on which to build a project.

Explore

In this stage, we use design methods and tools, such as ethnographic interviews, desk research and interviews with other professionals to uncover real experiences, issues and needs from a small sample of key stakeholders.

Generate

This step of the methodology is about identifying a direction and different ways of achieving that through creative methods and tools.

Make

This stage focuses on 'prototyping' and testing ideas to make changes and improvements before finalising the service design.

Grow

This stage focuses on finalising an idea and packaging it in a way that means it can be commissioned and delivered.

This report

This report describes the findings from the 'Explore' stage of the service design methodology, during which our eight Peer Designers undertook in-depth ethnographic interviews to hear the individual stories from 24 Muslim mums; what's important to them and what impacts on their wellbeing. In particular, we have focused on learning more about the day to day lives of the interviewees; their hopes and aspirations, their mental health experiences during the perinatal period and how they manage their wellbeing.

Over the following pages we describe the key themes and patterns that have emerged from these interviews, together with the findings from additional research conducted with key stakeholders such as General Practitioners (GPs) and midwives.

Who did we speak to?

We recruited eight Peer Designers, Muslim women with lived experience of poor mental health during pregnancy or new motherhood, to attend five service design workshops and complete research with mums within their communities. From the start of this project, we recognised the importance of collecting stories from across our local Muslim communities, our Peer Designers themselves bring a wide range of knowledge and personal experience. Many of our Peer Designers have professional backgrounds, such as teachers and lawyers. Another of our Peer Designers is also heavily involved in research with a mental health background. Most of them are very active in their communities; volunteering with groups and charities to support Muslim women giving them great insight into some of the issues faced. One of the Peer Designers volunteers for National Childbirth Trust (NCT) supporting new mums. Another Peer Designer had come to the UK as a refugee and had built a life for herself in England. Several of the women taking part in the research also shared their stories around their challenges and experiences of perinatal mental health, including issues such as having been in emotionally abusive relationships or having previously lived in family nucleuses with the in-law family and the struggles that caused.

Our Peer Designers were trained to carry out ethnographic interviews and each interviewed three different women, most of whom were living in Peterborough. To provide us with a diverse perspective, we ensured that our interviewees included Muslim mums from different nationalities, ages, number of children and family backgrounds. Each interview lasted for around two hours and took place either in a local park or the home; somewhere the mum felt comfortable to talk.

The aim of each interview was to gain an in-depth understanding of the interviewee; where they live, what they do, what matters to them, what their daily lives entail, what they believe and what they need. We were looking for insights which were **unexpected,** things that we kept hearing; things that were **revealing** or suggest a **new perspective**.

How many people did we speak to?	We interviewed 24 Muslim mums, with children of varying ages, single mums, mums living with extended families as well as mums living in nuclear family set ups. The majority of our interviewees lived in Peterborough however there were also a few from other areas such as Leeds and London. Three of the interviewees were Muslim refugees living in temporary shared accommodation in London. One of the interviewees had previously lived in London and recently moved to Peterborough. It was interesting to note that many of the women interviewed were very well educated but they all had struggled with perinatal mental health issues at some point in their lives. Some of the women who were interviewed now have grown up children and had never previously spoken about how they suffered with perinatal mental health until given space to do so in their ethnographic interviews. We spoke to six professionals which included a midwife and two GPs all of whom were from a Muslim background and work closely in the local Muslim community. We also spoke to a Service Delivery Manager at National Childbirth Trust (NCT) and a Senior Locality Early Years Lead.
What were the nationalities of the women?	To get a true picture of needs of Muslim mums, we spoke to women of many nationalities including Pakistani, Indian, Afghani, Eastern European, White British, Somalian, Syrian, Kurdish and Algerian. Some women were born into Muslim families, others converted to the faith.
Age group	The age range of the mums was from 26 years to 43 years

Findings from Ethnographic Interviews

Our Peer Designers came together to share the insights gained from the stories they had heard during the ethnographic interviews and research with professionals. We used tools from the Service Design in Mind toolkit to really listen to our interviewees' stories and to identify common themes. Our definition of 'theme' in this context was: 'A pattern, something that people say that is common and shared by many others'. A theme could also be something revelatory and/or unexpected which could be applied to other people as well. The three themes we identified as a result of this process were:

1. Loneliness and Social Isolation
2. Time for Self-Care is Important
3. Stigma and Lack of Mental Health Awareness

Having identified these, the next step was to look more deeply at each of the themes to explore and understand more about:

• the unmet needs behind each theme
• the strengths, skills and assets available to meet these needs
• potential solutions

At this stage in the Service Design process, it was important to keep our thinking and creativity as wide as possible, and not discount possible solutions at too early a stage. The Peer Design Team focused on each insight and developed a number of 'How can we…?' statements to help generate a range of potential solutions for each unmet need.

It is important to acknowledge that some of the insights and unmet needs relate to cultural and societal issues that are complex and far reaching. These issues, for example the Prevent agenda, can have a significant impact on the mental health of Muslim mums. Whilst it may not be in the scope of this perinatal mental health project to seek to directly address these wider societal issues, we will ensure that the Project Workers who deliver the service understand the significance and know how to signpost to further support if required.

Below is a summary of the insights gained against each of the themes, key quotes from interviewees that evidence the unmet need and the resulting 'How can we?' statements.

Theme 1 – Loneliness and Social Isolation

Insights	Direct quotes	How can we?
Women wanted more support from partners	"I would also like talks to educate men and elders in the community about mental health, as I believe that men need to be more supportive." "I feel that in the Asian community, women often don't have a voice when they marry into a family."	How can we empower women to talk to their husbands about their wants and needs? How can we support activities that help dads/husbands prepare for fatherhood?
Women wanted more support from their family and in-laws	"Even attending the baby group was a big issue with my in-laws. I was told that Asian women don't go to these groups and that I was trying to act like a White woman." "For the first 40 days after giving birth, I wasn't allowed to step out of the house. This made my mental health worse, and I think that if I had been allowed out, it would have helped."	How can we support women to talk to their wider family and in-laws about their wants and needs, and encourage wider family to support?
Trust issues within the community and family	"It would also be good if therapists were available for free or at low cost. I would like to see more places to take kids, and also drop-ins for mums, maybe with a crèche/childcare, so that they have a chance to chat with each other."	How can we form community support networks and ensure that they are not labelled as specific mental health groups? How can we offer or make accessible low cost or free talking therapies? How can we reassure women that these services will remain anonymous and confidential?
Women wanted more support from mosques	"I felt very lonely, people in my local mosque community were not welcoming and caused issues. I felt I had no one in this country I could go and talk to."	How can we encourage mosques to raise awareness of perinatal mental health issues amongst dads/husbands?
Location of services is important (non-stigmatising)	"Cater for women with a language barrier and women who are not online for whatever reason - need to reach them in a different way to inform them of what is available."	How can we ensure we are offering services that are accessible? How can we advise women of the services available to them? How can we build connections with community leaders?
Language and terminology barriers		How can we find out about the different languages that are spoken within the Muslim community in Peterborough? How can we circulate leaflets in different languages? How can we ensure language and terminology used is accessible and appropriate?

Theme 2 – Time for Self-Care is Important

Insights	Direct Quotes	How can we?
Importance of self-care and 'me time'	"My hopes for the next five years are that I am able to make more time for myself, as this is something I struggle with at the moment."	How can we encourage women to build "me time" into their daily routine? How can we raise awareness amongst new mums and their families about the importance of 'me time'? How can we make the transition to becoming a new mum and/or to a mum of more than one child smoother?
Women wanted more support for domestic duties	"My husband's family is more old school, so I do not really feel that I could ask them for help, and I do not want to burden my friends with my problems."	How can we empower women to encourage family members to take a more active role in domestic duties? How can we make mums aware of the support and options that are available?
Low confidence and self-esteem	"I think anonymous Zoom calls would be perfect for mums like me, so we can open up without anyone recognising us."	How can we boost self-esteem and confidence of new mums in relation to the true reality of being a mum/fighting the image of social media portrayal? How can we ensure the service provided is inclusive and welcoming for all mums?
Unprepared for motherhood	"During my first pregnancy and after birth I was influenced by friends and family when I was unsure, but during my second pregnancy I paid more attention to advice given by mums going through similar experiences." "I was unaware how emotional and physically hard it would be having a baby and no one was there for guidance."	How can we prepare new mums for the challenges and changes that come with motherhood?
Fear of child being taken away	"None of my husband's family believed that I had postnatal depression because everyone has children and you just need to get on with it." "If you talk about mental health issues and admit that you're not coping, you are seen as weak."	How can we remove the stigma of asking for help and support both professionally and at home?
Women lifting other women	"It was nice to be able to speak to someone openly, knowing that you wouldn't be judged. It was also nice to talk to other mums, although there was only one other Muslim lady at the group with me."	How can we encourage and provide a safe space for women to meet other mums and talk to each other?
Women enjoy being outdoors - fitness		How can we incorporate fitness/outdoors into our service? How can we signpost mums to other services to support our work and their wellbeing?

Theme 3 – Stigma and Lack of Mental Health Awareness

Insights	Direct quotes	How can we?
Lack of mental health awareness in the Muslim community	"If you talk about mental health issues and admit that you're not coping, you are seen as weak." "I think that there needs to be more support for new mums, and more Muslim women need to speak out about the challenges they face to raise awareness."	How can we raise awareness about mental health in Muslim communities with a view to removing the stigma surrounding it? How can women ensure they feel heard? How can we approach this issue without attaching blame to the Muslim community?
Some mosques are very proactive	"We need to get mosques involved to educate the men and elders in the community about the importance of support for their women, but to be honest, I'm not optimistic that things will improve."	How can we activate a sense of ownership about mental health in mosques? How can we collect data about mental health services offered in mosques and showcase the ones that are proactive and give them a platform to share their practices? How can we improve the information that mosques receive about mental health?
Cultural and religious crossover	"I would like to see more talks (to men and women) in mosques about what is cultural vs Islamic, and how to adapt to live in this modern society."	How can we support families who wish to distinguish between cultural and religious trends/practices? How can we ensure that minorities within minorities are represented? How can we support families to learn about their Muslim faith and differentiate between customs and religion?
Importance of faith-based knowledge to empower women	"I would like to talk to like-minded mums from the same religion and cultural backgrounds. I think this would help me as long as they don't know my in-laws, I wouldn't want anything getting back to them."	How can we access and spread the teachings on the rights of women in Islam in an appropriate and respectful manner?
Women wanted more help and support from the NHS	"I did have counselling for a while, but it was with a non-Muslim and I found this a difficult experience because they had a different way of thinking and didn't understand the cultural issues I was facing." "When I do speak to a GP, I often feel belittled, especially if I am going about something like anxiety, which makes every small worry seem bigger." "I did need emotional support but the UK works in a very strange way, it works on self-referral and I felt strange referring myself."	How can we find out what information we need to share and how can we obtain it? How can we support healthcare professionals to become more culturally aware? How can we improve the flow of information between services?
Women had experienced racism/discrimination by some healthcare professionals, especially if a hijab is worn	"I didn't go to any antenatal or baby groups as I was worried I would be out of place and my husband was overprotective initially as we were new to the country." "I had previously experienced racism and this made me reluctant to go to new places/groups."	How can we open avenues for dialogue? How can we improve interaction between different communities and mainstream services? How can we inform women about what action they can take if they are the victims of racism/Islamophobia? How can we improve training on cultural awareness?

Insights	Direct quotes	How can we?
There was a fear of being reported to Prevent	This was a theme that came up through the interviews however none of the women wanted to be quoted on this due to the fear that even talking about it might raise issues for them or their families. The Muslim Council of Britain have reported on this issue and how currently legislation impacts the Muslim community.[3] There was a fear that by admitting to having mental health issues and turning to seek comfort from certain faith aspects like increased prayer, these could be wrongly viewed as extreme by an outsider who does not understand the reasoning or context for increasing in faith activities.	How can we help families build trust in government institutions and services? How can we ensure families know their rights and how to access relevant help safely and without fear? How can we find out which local organisations have information on Prevent and how can this be shared with the community?
There was a fear of judgment internally and externally	"No-one has ever spoken out about needing help; we've never heard it from our mothers and grandmothers."	How can we empower women and give them confidence within themselves?

Creating Personas

Our next step was to take the common themes and insights gained through our ethnographic interviews to create three 'personas', whom we have named Amal, Noor and Hannah.

A persona is an imagined person, created as part of the Service Design in Mind process. A persona's individual characteristics contain insights and information based on real people and their experiences and is a way to bring together multiple participants' experiences to tell a high impact story.

Amal, Noor and Hannah bring together the experiences of the women we interviewed as part of this research, reworked to remove individually identifiable information. They present, in a meaningful way, some of the most common experiences and feelings that were shared with us during our ethnographic interviews.

Our three personas will be central to the rest of our service design process. They will help us to work through ideas and challenges as our new service develops; they will help us test potential solutions, communicate our project externally and vitally, they will ensure that we always keep the process strongly person-centered.

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[3] The Muslim Council of Britain: The Impact of Prevent on Muslim Communities Report February 2016
    http://archive.mcb.org.uk/wp-content/uploads/2016/12/MCB-CT-Briefing2.pdf

Introducing Amal, Noor and Hannah

As described above, our three 'personas' Amal, Noor and Hannah, whom we are privileged to introduce below, are imagined individuals, each of whom represents a unique insight into the collective experience of Muslim mums living in Peterborough.

Amal's Story

Age: 26
Relationship status: Married but living in different countries
Children: 3

❝I get depressed because I don't have any friends or family here. I don't talk or deal with anybody. I'm still afraid to go out and I'm used to being alone.❞

Amal has a refugee background. She and her three children had to flee from the dangers of war-torn Syria, her country of birth, leaving her husband behind. Amal and her children had to cross several countries before arriving in England. They subsequently spent six weeks at Yarl's Wood immigration detention centre in Bedford. The prolonged stay, however, meant that she did gain the right to remain in the UK. She was then sent to Peterborough where there was available temporary accommodation. Alongside this ordeal, Amal was grieving the loss of her brother Carim, who was killed during protests of unrest in Syria. This combined experience of loss, grief, stress and uncertainty had a significant negative impact on Amal's mental health.

Amal arrived at her temporary accommodation to be faced by a host of challenges that she hadn't previously considered. She had little understanding of the English language and her ability to speak it was even less, the culture and way of life in the UK was also very different to her home country and she had very little financial support or knowledge as to where to seek help.

Amal feels under enormous pressure, especially given that she has a young baby and two other children under seven years. Her mental health has declined further, not helped by the fact that she suffers flashbacks and nightmares from her time in Syria which are severely affecting her sleep. The housing association responsible for Amal's temporary accommodation has tried to help by referring her to a psychotherapist however as well as the language barrier, she cannot take her children with her to the appointments, and she has no-one to help with her childcare.

Amal feels isolated and frightened. She is used to receiving support from her husband and wider family but is having to face all of these new challenges alone. This isolation is exacerbated by the fact that Amal doesn't have a motivation to go out and meet new people. She fears discrimination and racism because she doesn't speak English and wears a hijab. That said, Amal is very keen to learn English, as she believes this is key to a good life in the UK. She also dreams of getting a job but can't do so because she has no childcare.

The only regular communication that Amal has with others is with her immediate family by phone. She strives to apply for a visa for her husband through family reunification scheme and is putting all her effort into getting everything in place to make this happen.

Key Needs

- **Learning English and the laws of the new country**
- **Accessing financial support**
- **Joining a program for the integration of refugees into a new society**
- **Support for her mental health**
- **Finding a safe place to settle down**
- **Communicating with other mums**
- **Reuniting with her husband**
- **Training to get necessary experience to get a job**

Noor's Story

Age: 34
Relationship status: Married
Children: 2
Profession: Pharmacist

"My moods are often up and down. With my anxiety I experience panic attacks. I want to feel loved and supported. I feel like I cannot give the best version of me to my children..."

Noor has two children under the age of five. She has been married to her husband Ahmed for six years. Noor is of Pakistani origin and Ahmed is originally from Lebanon. They currently live with Noor's in-laws while their own home is being renovated. Noor is a pharmacist by profession while Ahmed works within the family taxi business.

Noor is on maternity leave, having given birth to the couples' youngest child, Ameera, 12 weeks ago. Noor previously suffered from postnatal depression and anxiety, following the traumatic birth with the couples' first child, Safiyyah. This went undiagnosed and, therefore, untreated.

Noor's current family life at home is chaotic. Noor's in-laws support her where they can but this is not often due to the family business being the number one priority for them. Noor struggles to have 'me time' as she is always with the children.

Noor has a couple of good friends but does not really feel like going out to meet with them or attending any playgroups with her children. When she thinks about leaving the house it triggers her anxiety and, at times, panic attacks.

Her husband Ahmed is not at home much as he works long hours every day of the week. She tries to keep in touch with him via phone calls/messages but she is always busy with the children and, when she does get a minute, she is exhausted. Ahmed does not seem to understand how she feels and, consequently, she gets frustrated and feels alone. This has taken a toll on their relationship as there has been a breakdown in communication. The couple have also argued about how they raise their children, which is an added strain. Noor believes these clashes relate to cultural differences between them.

Noor's health visitor has been keeping in touch and has been visiting Noor, but the visits are short and often rushed. Noor does not feel comfortable about sharing how she is feeling, for fear of being misunderstood or giving off the impression that she is not coping. As a result, she did not answer the health visitor's assessment for postnatal depression honestly.

Noor does not know what to do or who to turn to.

Key Needs

- **Support for her mental health issues**
- **Support at home – domestic tasks, with the children and "me time"**
- **Support and understanding from her husband**
- **Addressing and building on relationships with health professionals**

Hannah's Story

Age: 29
Relationship status:
Married
Children: 2
Profession: Early Years
Nursery Practitioner

> ❝ **I felt like I had no one to support or help me when I was physically and mentally not well.** ❞

Hannah suffered from postnatal depression after the birth of her first child. She found it difficult to cope with the changes that come with motherhood. After the birth of her second child, soon after her first, she spiralled into severe anxiety which included panic attacks, negative thoughts, over-thinking and insomnia.

Insomnia led to fatigue and lack of interest in maintaining good mental and physical health, which led to lack of self-care and exhaustion. Hannah's anxiety and poor diet led to regular bouts of vomiting and other digestion issues. She did not get much support when her children were born; she was exhausted and felt like she had no social life or time for anything other than her kids and housework.

There have been other significant pressures in Hannah's life, including living in a busy house with extended family and being the main carer for her mother before her death. Both of Hannah's parents passed away within a short period of each other leaving her feeling isolated and alone. This, combined with her with her pre-existing anxiety and depression, resulted in a significant deterioration in her mental health.

Hannah's husband Hassan works long hours and is rarely around. When Hassan is at home, he gives little support to Hannah. He and his family have very traditional views; it is the wife's duty to care for the children and the home. When Hannah has tried to discuss how she is feeling with her husband or wider family, the responses she has received have been very focused on encouraging her to use her faith and prayer for support.

Following some support from her health visitor and, subsequently, her GP, Hannah is now taking medication for depression and anxiety. She is also receiving Cognitive Behavioural Therapy. However, the medication is having side effects which have made her feel tired and lacking energy.

Hannah hopes to eventually stop taking the medication and to go back to being her 'normal self'. In particular, she would like to return to work and to have time for herself and her hobbies/passions.

Key Needs

- **Peer support so that her social needs can be met by speaking with people who are in a similar situation, so she knows that she is not alone**

- **Help with her mental and physical health**
- **Confidence building through hobbies**
- **Self-care activities which will help her feel better about herself**

# Findings from Professionals spoken to by Project Workers

As part of this research, we interviewed a range of medical health professionals: two midwives, two GPs, a Service Delivery manager at NCT and a Senior Locality Early Years Lead.

Our research showed that, to varying degrees, all these professionals were of the view that Muslim women tend not to seek assistance or come forward regarding their mental health and well being, and that this was for a variety of reasons

Insights	Direct quotes	Main issues
Muslim women do not come forward regarding their mental health	"It is very rare to get first presentation from mum themselves, usually we are told by the health visitor or midwife". "I feel the Muslim women I have worked with are quite closed off and do not really talk about their mental health or do not recognise when they have poor mental health."	Generally, Muslim women do not seem to engage with mental health support services or openly discuss their mental health. It was felt by one of the professionals we spoke to that some women may not fully understand how to answer questions around mental/emotional wellbeing when asked how they are feeling. They may answer solely about their physical health instead of all aspects of their wellbeing.
The Muslim communities within Peterborough are not being told that there are perinatal mental health services available to them by health professionals	"I did not know how to signpost women. I was not, as a midwife, given any proper information about the perinatal services CPSL Mind has to offer."	Not all of the health professionals that we spoke to have knowledge of perinatal mental health services and therefore are not able to effectively signpost women to the relevant services for help and support. The GPs that were spoken to unfortunately were not aware of the courses we deliver within the community until we told them about the service, to which they replied they would readily signpost women. A local Muslim midwife also was not aware of CPSL Mind and would have been so grateful if she knew about this earlier as she felt she herself would have attended the course and it would have greatly helped the mums she looks after. However, the Senior Specialist Midwife for mental health and Service Delivery Manager at NCT was aware and has referred mums to courses. This raises the question of whether it is only those higher up in the hierarchy that are aware of services which support mums, but it is not being filtered down, thus less knowledge of what is available in the wider community and less signposting to relevant help and support.
Language can be and is a barrier especially for women whose first language is not English	"[Muslim mums are often] not aware that it is routine procedure to see a midwife during pregnancy. They may think something is wrong and this comes down to cultural differences. Language can be a real challenge when it comes to helping them to understand what's going on." "Volunteers may not speak the mother tongue of Muslim communities."	Muslim women whose first language is not English may not fully understand what they are being asked or told. Need to recruit more from the Muslim community to assist with language barrier.

Insights	Direct quotes	Main issues
Some Muslim women do not recognise when they have poor mental health	"I have not seen many Muslim women access the perinatal mental health service, this may be due to stigma attached to mental health issues and there have been times where these women are told to pray more to feel better."	This ties in with the lack of awareness itself within Muslim communities about mental health. Mental illness is often not recognised therefore help is not sought. Sometimes Muslim women are told to seek more comfort within prayer and worship in order to resolve mental health issues, or to solely rely on Allah/God without accessing relevant support.
There is a stigma related to having a mental health issue		Often there are negative community attitudes linked to mental illness and there is a lack of social acceptance of those suffering from mental health issues. In order to avoid labels people may choose to avoid professional help.
Muslim women feel that mental health is not taken seriously by professionals	"Muslim women do not really get referred to higher mental health treatment. I have generally only seen mostly those with drug misuse/alcohol misuse/live in poverty being referred."	Professionals use questionnaires to help them ascertain whether the woman needs further help or not, some of the markers are substance/alcohol abuse and suicide thoughts/behaviours.

Religiously and culturally these behaviours are not the norm in the Muslim community therefore most Muslim women will have little to no experience of the above; but just because they do not exhibit suicidal behaviours does not mean they are not suffering from severe mental health issues.

Therefore, the issue may be due to the professionals not utilising tools which are culturally appropriate for Muslim women. |

At the end of the interview, we asked the professionals: "How can professional services be improved to help Muslim women come forward/seek help?"
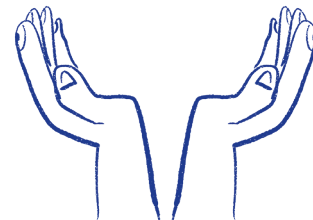
Many of the responses were solution-focused, with a strong focus on collaboration and communications:

- More in the way of outreach services. We know that some women are not coming to us so we must get to them. We need to link up as well professionally.
- Closer working with midwives, health visitors and others working within Muslim communities/mosques.
- Healthcare professionals including midwives, health visitors and GPs need to be educated about the services available to women, so they can signpost to the relevant services and agencies.
- The red book should contain information about CPSL Mind. It should be highlighted that this service exists within the community as a low-level intervention.

- Start exploring and circulating information on digital platforms, for example facilitating Facebook Lives, short videos/presentations. Digital information could also be accessed in different languages.
- Using social media more as it can be a powerful tool for getting information across.
- Engaging other organisations such as CPSL Mind, The Lantern Initiative and The Raham Project (https://www.facebook.com/Rahamproject).
- Linking in with organisations that are within the community. Possibly organise drop-in sessions within the community which will also help open discussion around mental health.
- Due to digital poverty, we should also make use of posters/leaflets as not everyone has a smart phone/email.
- Upload resources on a website where links are available, and signposting takes place.

Next Steps

The next stage of the Service Design process involves prioritising the 'How can we?' statements by importance and feasibility in relation to the scope of this project.

We will then be reviewing the format and content of the existing CPSL Mind community perinatal offer to ensure that it takes account of the insights above and utilises faith-based materials and knowledge.

Our first pilot began in Autumn 2021 to hold a rapid 'test and learn' phase with a view to launching the service in 2022.

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