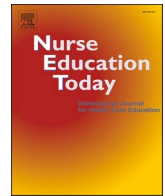


ULRR

Double jeopardy: The importance of nurturing culturally responsive perinatal mental healthcare

Item Type	Article
Authors	Markey, Kathleen;Ibeajaero, Magdalene
Citation	Nurse Education Today 116, 105446
Publisher	Elsevier
Download date	2026-06-13 02:48:46
Item License	https://creativecommons.org/licenses/by-nc-sa/4.0/
Link to Item	https://doi.org/10.34961/researchrepository-ul.22632805



Double jeopardy: The importance of nurturing culturally responsive perinatal mental healthcare

ARTICLE INFO

Keywords

Social justice principles
Perinatal mental healthcare
Culturally responsive perinatal mental health
Migrant women

1. Introduction

Perinatal mental illness is a common complication of pregnancy, which can result in devastating effects for the mother, infant and family unit. Consequently, perinatal mental health is a growing public health concern and there is a renewed emphasis on early identification of mental illness during pregnancy and within the first year after birth, as a means of ensuring appropriate interventions are provided in a timely manner. Healthcare professionals across healthcare settings and services play a critical role in identifying perinatal mental health concerns and providing appropriate woman and family centred supports and referrals to specialised perinatal mental health services when required. However, healthcare professionals often feel ill prepared and uncertain of their roles and responsibilities when engaging with women experiencing perinatal mental illness. The complexities and difficulties with providing perinatal mental healthcare is further exacerbated when caring for women from diverse cultural, ethnic and linguistic backgrounds. Consequently, there are growing reports of missed opportunities in identifying perinatal mental health concerns and substandard perinatal mental healthcare for culturally and linguistically diverse women (Heslehurst et al., 2018; Pangasa et al., 2019). The persistent and systematic barriers to accessing healthcare for women from diverse cultural, ethnic and linguistic backgrounds warrants urgent attention. The need for easily accessible, equitable and culturally responsive perinatal mental healthcare is now a necessity. In this context, culturally responsible perinatal mental healthcare is defined as the provision of quality and safe healthcare in culturally appropriate and sensitive ways for women experiencing perinatal mental illness. This commentary paper highlights the importance of exploring perinatal mental healthcare through a social justice lens and illustrates how culturally responsive perinatal mental healthcare is a means of achieving social justice principles in practice.

As many as one in three migrant women experience perinatal mental illness (Fellmeth et al., 2017), in comparison to one in five women in the general population, illuminating the necessity for culturally responsive

approaches to perinatal mental healthcare. Although recognising the heterogeneity of characteristics of women who have migrated for different reasons (forced and voluntary migration) and in the absence of a universal definition for migrants, for the purposes of this paper migrant is an overarching term used to describe women from diverse cultural, ethnic and linguistic backgrounds who have migrated to a new country. Recent healthcare policies calling for improvements to perinatal mental healthcare in general are welcomed, but in isolation they do not go far enough in addressing the 'hearts and minds' of healthcare professionals caring for migrant women. Furthermore, policies that examine perinatal mental healthcare and intercultural care separately run the risk of inadvertently re-enforcing perceptions that cultural aspects of perinatal mental healthcare are separate or seen as 'add-ons' as opposed to being integral to perinatal mental healthcare delivery. The ongoing evidence highlighting the difficulties migrant women experiencing perinatal mental illness face when accessing healthcare services and the mounting reports of culturally insensitive perinatal mental healthcare (Heslehurst et al., 2018; Watson et al., 2019; Fair et al., 2020), warrants focussed and targeted attention. Nurses and midwives play a critical role in providing inclusive and culturally responsive supports that meet the individualised needs of migrant women experiencing perinatal mental illness. Nurse and midwifery educators also need to critically review their responsibilities and approaches for developing capacity of graduates in addressing key social justice issues and providing culturally responsive approaches to perinatal mental healthcare. Habibzadeh et al. (2021) reports on the lack of attention paid to social justice in nursing and midwifery curriculum. Incorporating learning opportunities that explore cultural responsiveness of perinatal mental healthcare is one approach to integrating social justice principles into everyday learning and teaching strategies.

2. Culturally responsive perinatal mental healthcare

Taking into consideration the cultural identity, beliefs and values of both the woman and the healthcare professional, as well as the context

<https://doi.org/10.1016/j.nedt.2022.105446>

Received 15 December 2021; Received in revised form 23 May 2022; Accepted 13 June 2022

Available online 17 June 2022

0260-6917/© 2022 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

in which inclusive and equitable care is provided, is core to culturally responsive perinatal mental healthcare. Culturally responsive perinatal mental healthcare informed by social justice principles requires developing an understanding of the impact of trauma(s) on perinatal experiences, acknowledging how culture influences perceptions of perinatal mental health, illness and health-seeking behaviour, and respecting care preferences when there are cultural differences. It also requires thinking more critically about ways of providing easily accessible and inclusive healthcare services that meet the needs of migrant women who experience a range of challenges with understanding when and how to access healthcare services in their host country. The importance of empowering migrant women in accessing services is important, but this requires developing an understanding of the unique perinatal mental healthcare experiences of migrant women. Understanding ourselves, developing cultural awareness, being open to differing experiences and perspectives of perinatal mental healthcare and reflecting on attitudes and behaviours towards cultural difference is critical. In this way social justice principles and values can be integrated into culturally responsive perinatal mental health care. The following outlines some guidance on how this can be achieved.

2.1. Understanding ourselves and developing empathy

Developing a deep understanding of ourselves and fostering empathy to the unique experiences, perspectives and feelings of women from diverse cultural, ethnic and linguistic backgrounds, is at the core of developing culturally responsive perinatal mental healthcare. This should commence with gaining insights into our own cultural beliefs and values and how they impact on our approaches to care delivery for migrant women experiencing perinatal mental illness. Taking time out to sensitively think about own and differing perceptions of health and illness during the perinatal period is important in negotiating perinatal mental healthcare and can help avoid cultural misunderstandings. Developing an understanding of ourselves requires the critical examination of how others are judged through the lens of our own cultural beliefs and values. It also requires honesty in examining and challenging stereotypes, prejudices and implicit biases that are sometimes developed at a subconscious level, but can lead to damaging cross-cultural encounters. We know the challenges of communicating sensitive experiences in any context but the difficulties with communicating such sensitive issues when there are language barriers is more complex. The potential for missed opportunities in identifying perinatal mental healthcare needs is greater when there are language barriers and cultural differences between the service provider and service user. The risk of cultural misunderstanding during cross-cultural encounters is a reality, but nurses and midwives need to use this understanding as a means of remaining vigilant for threats of cultural misunderstanding. In particular, developing insights into how communication styles and approaches are informed by culture is paramount. Nurses and midwives need to critically reflect on their own communication style and understanding of effective cross-cultural communication, as trusting and respectful relationships between the healthcare professional and woman is core to the delivery of culturally responsive perinatal mental healthcare. Having this awareness helps with appreciating the importance of applying effective cross-cultural communication skills and engaging with professionally trained interpreters when necessary.

Understanding the unique vulnerabilities of migrant women and the impact of their experiences before, during and after migration as a means of recognising trauma and particular perinatal mental illness risk factors is essential. Although the recent refugee crisis draws attention to the urgent need for collective and cross-border collaborations at government level in addressing the wider issues informing migration conditions, we all have a role to play in supporting marginalised women. Taking time to engage with migrant women as a means of hearing their experiences and understanding diverse perspectives of perinatal mental health can help with appreciating the importance of adopting culturally

responsive approaches to perinatal mental healthcare. This can help with developing the empathy required, whilst cultivating the commitment and moral courage to provide the best standards of care even when feeling uncertain and unsure of what to expect during the cross-cultural perinatal mental healthcare encounter. Markey et al. (2021) highlight the importance of developing moral behaviour in culturally appropriate ways and re-iterates the moral reasoning required for culturally responsive care.

2.2. Being open to differing perspectives and respecting cultural difference

Nurses and midwives need to remain open to understanding differing perspectives of perinatal mental healthcare as a means of appreciating how culture informs health beliefs and care preferences. Watson et al. (2019) identify the different perspectives that inform health seeking behaviours of migrant women experiencing perinatal mental illness. In particular, perceptions of mental health informed by cultural beliefs and norms play a critical role in recognising what types of support is required, when it is needed and by whom. Acknowledging that mental health is stigmatised, tabooed and sometimes ostracised among some cultural groupings is important when approaching perinatal mental healthcare discussions with migrant women (Sambrook Smith et al., 2019). Das and Beszlag (2021) highlight the sensitivity required during such discussions and the particular challenges migrant women experience when communicating their feelings and cultural beliefs informing their perspectives. Sensitively exploring experiences and feelings, and delicately encouraging discussions of trauma informed care, whilst exploring perceptions of perinatal mental healthcare, is recommended. However, this requires carrying out comprehensive woman and family centred assessments during the perinatal period in culturally responsive ways. Nurses and midwives need to ascertain, rather than assume perinatal mental healthcare preferences and practices are of significance to individuals from diverse cultural and linguistic backgrounds. This requires developing the skills to carry out cultural assessments that prioritise women's cultural values and beliefs into the plan of care to assist in asking culturally sensitive questions about beliefs and practices that need to be considered in the delivery of culturally responsive perinatal mental healthcare. Taking time to assess migrant women's experiences and feelings during the perinatal period and being curious in exploring cultural factors that influence perspectives of perinatal mental health and expectations of healthcare delivery, is essential.

Perinatal mental healthcare pathways need to be specific for migrant women. It is essential that all healthcare supports and services are offered in ways that acknowledge cultural differences when they exist, but respect and accommodate migrant women's cultural needs. This requires being open to understanding cultural influences that inform perceptions of maternal health and illness and appreciating different perspectives that inform perinatal mental healthcare preferences. It also requires acknowledging the necessity of adopting culturally sensitive approaches when exploring perinatal mental health and ensuring inclusive approaches to care delivery are provided. To respect cultural difference we firstly need to consider the similarities of care needs of women experiencing perinatal mental illness, whilst acknowledging when there are different care needs and preferences informed by cultural beliefs. Critically reviewing unaddressed implicit biases and sometimes narrow perceptions of cultural difference is essential for the integration of open and inclusive approaches to perinatal mental healthcare. Developing the curiosity to ask questions when unsure about cultural beliefs that inform perceptions of perinatal mental healthcare, commitment to providing quality care in different cultural contexts and courage to engage in cross-cultural clinical encounters that may be new or different, is paramount. Nurse educators also play a crucial role in the preparation of graduates to provide culturally responsive perinatal mental healthcare. Developing capabilities is important and making them a visible requirement of programme requirements is essential. The importance of incorporating inclusive learning environments and

culturally responsive pedagogies in the preparation of nurses and midwives is a growing recommendation that requires consideration (Markey et al., 2021).

To conclude, nurses and midwives working across healthcare settings need to develop insights into perinatal mental healthcare, which requires developing the knowledge, skills and abilities to assess for perinatal mental illness, whilst ensuring quality and safe woman and family centred care is provided, but in culturally responsive ways. This paper reminds us of the importance of critically reviewing our role both as individuals and collectively in incorporating cultural responsive approaches to perinatal mental healthcare delivery. The need to be curious, motivated and proactive in seeking answers, solutions and resources to deal with the daily challenges of providing quality perinatal mental healthcare in culturally responsive ways is now a necessity.

Funding

No specific grant from any funding agency in the public, commercial, or not-for-profit sectors was received.

Ethics

Ethical approval was not required as this is a contemporary issues paper and no data collection was carried out.

CRediT authorship contribution statement

All authors contributed to the drafting and finalising of the manuscript preparation. (KM &MI) Conceptualization; (KM) Supervision; (KM &MI) Roles/Writing - original draft; (KM & MI) Writing - review & editing, (KM&MI) Final approval of version of paper to be submitted.

Declaration of competing interest

None.

References

- Das, R., Beszlag, D., 2021. Migrant mothers' experiences of perinatal mental ill health in the UK and their expectations of healthcare. *J.Health Visiting* 9 (1), 32–38. <https://doi.org/10.12968/johv.2021.9.1.32>.
- Fair, F., Raben, L., Watson, H., Vivilaki, V., van den Muijsenbergh, M., Soltani, H., 2020. Migrant women's experiences of pregnancy, childbirth, and maternity care in European countries: a systematic review. *PLoS ONE* 15 (2), 1–26. <https://doi.org/10.1371/journal.pone.0228378>.
- Fellmeth, G., Fazel, M., Plugge, E., 2017. Migration and perinatal mental health in women from low- and middle-income countries: a systematic review and meta-analysis. *Br. J. Obstet. Gynaecol.* 124, 742–752. <https://doi.org/10.1111/1471-0528.14184>.
- Habibzadeh, H., Jasemi, M., Hosseinzadegan, F., 2021. Social justice in health system, a neglected component of academic nursing education: a qualitative study. *BMC Nurs.* 20 (16) <https://doi.org/10.1186/s12912-021-00534-1>.
- Heslehurst, N., Brown, H., Pemu, A., Coleman, H., Rankin, J., 2018. Perinatal health outcomes and care among asylum seekers and refugees: a systematic review of systematic reviews. *BMC Med.* 16 (89) <https://doi.org/10.1186/s12916-018-1064-0>.
- Markey, K., O'Brien, B., Kouta, C., Okantey, C., O'Donnell, C., 2021. Embracing classroom cultural diversity: innovations for nurturing inclusive intercultural learning and culturally responsive teaching. *Teach. Learn. Nurs.* 16 (3), 258–262. <https://doi.org/10.1016/j.teln.2021.01.008>.
- Pangasa, J., Ogunsijia, O., Elmira, R., Ramanb, S., Liamputtongd, P., Burnsa, E., Dahlena, H.G., Schmieda, V., 2019. Refugee women's experiences negotiating motherhood and maternity care in a new country: a meta-ethnographic review. *Int. J. Nurs. Stud.* 90, 31–45. <https://doi.org/10.1016/j.ijnurstu.2018.10.005>.
- Sambrook Smith, M., Lawrence, V., Sadler, E., Easter, A., 2019. Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK. *BMJ Open* 9, e024803. <https://doi.org/10.1136/bmjopen-2018-024803>.
- Watson, H., Harrop, D., Walton, E., Young, A., Soltani, H., 2019. A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. *PLoS ONE* 14 (1), e0210587. <https://doi.org/10.1371/journal.pone.0210587>.

Kathleen Markey^{a,*}, Magdalene Ibejaero^b

^a Department of Nursing and Midwifery, Faculty of Education and Health Sciences, Health Research Institute, University of Limerick, Ireland

^b Department of Nursing and Midwifery, Faculty of Education and Health Sciences, University of Limerick, Ireland

* Correspondence author.

E-mail addresses: kathleen.markey@ul.ie (K. Markey), 20042337@studentmail.ul.ie (M. Ibejaero).