Training on cultural competency for perinatal mental health peer supporters

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Implementing training to improve cultural competency amongst perinatal mental health peer supporters.

Abstract

Background: Women from migrant or minority ethnic backgrounds are particularly vulnerable to perinatal mental ill health. Peer support can be beneficial for those with perinatal mental ill health.

Aim: To evaluate a training package combining elements of perinatal mental health and the impact of migration to enable peer supporters to better support women from ethnic minorities with perinatal mental health.

Methods: Peer supporters who undertook the training completed a survey immediately after the training and interviews three months later.

Results: Ten peer supporters were trained. They rated the training as 'excellent' or 'very good' and reported increased awareness of perinatal mental ill health, cultural issues and the vulnerability of women. More complex scenarios were requested given the multi-factorial nature of many women's needs.

Conclusion: The combined training provided participants from different backgrounds opportunities to learn from each other. Further evaluation among participants new to peer supporting is required.

Keywords: transients and migrants; perinatal mental health; peer support; cultural competency; perinatal care

Background

Increased vulnerability to mental ill health during pregnancy and the postpartum has been well established (Megnin-Viggars et al. 2015). The further vulnerability of marginalised groups within the perinatal population, such as women from migrant or minority ethnic backgrounds is also known (Falah-Hassani et al. 2015; Moore et al. 2019). The Covid-19 pandemic has had a significant mental health burden, with depression and anxiety being higher in perinatal women during the pandemic compared to prior to the pandemic (Hassami et al. 2020). This has been felt more acutely by populations who were already more vulnerable to mental ill health (Das 2021).

Perinatal mental ill health impacts both maternal and infant health outcomes. Within the UK, suicide because of maternal mental health has been a leading causes of maternal death over recent years (Knight et al. 2021). Furthermore, negative associations have been found between prenatal anxiety and breastfeeding initiation, and between postpartum anxiety and duration and exclusivity of breastfeeding (Hoff et al. 2019). Women with postpartum depression also have reduced odds of any or exclusive breastfeeding (Wouk et al. 2017), with postnatal depression pre-dating discontinuation of breastfeeding in one study, but not vice versa (Dennis and McQueen 2007). A meta-analysis has shown that maternal perinatal depression or anxiety increase the risk of poorer infant socio-emotional development including internalizing, externalizing and negative emotionality (Rogers et al. 2020). Perinatal mental ill health was also associated with poorer infant language, motor skills and cognitive development, with these deficiencies not just noted in infancy but into childhood and adolescence (Rogers et al. 2020). These long-term impacts for both mother and infant show that effective management of perinatal mental ill health is essential.

Peer support is frequently used to describe the support provided by someone who has faced common experiences (Jacobson et al. 2012). It has been used within many aspects of maternity including one-to-one support in labour, breastfeeding and perinatal mental ill health (Jones et al. 2014). A meta-ethnography of five qualitative studies found women to describe peer supporters for

perinatal mental ill health as beneficial (Jones et al. 2014). Peer supporters were valuable to help women towards recovery as they helped women to overcome their sense of isolation, validated the feelings they were experiencing, and were someone with whom the woman didn't have to pretend that everything was alright (Jones et al. 2014). Peer support interventions for new mothers with postpartum depression have found mixed results, with some interventions reducing depressive symptomatology and others not finding any impact (Leger and Letourneau 2015). The need for peer support interventions to take into account the culture of the mother as well as linguistic differences has however been highlighted (Leger and Letourneau 2015).

A paucity of volunteers from ethnic minorities has been noted in the local area of this study. This project brought together Light pre- and postnatal peer support (2022) and Sheffield Hallam University. The charity sector organisation, Light, run a successful and established peer support model to support women with perinatal mental ill health and their families. Sheffield Hallam University included an academic team with expertise in interventions to support migrant and ethnic minority women in the perinatal period. This expertise was developed through a previous project, Operational Refugee And Migrant Mothers Approach (ORAMMA), which was designed to develop and test the implementation of an integrated maternity care model involving maternity peer supporters (MPSs) to enhance the care of migrant mothers and babies who had recently arrived in European countries (Fair et al. 2020; Soltani et al. 2020; Fair et al. 2021). The ORAMMA project produced an ongoing legacy in Sheffield, in the form of the self-organisation of MPSs to liaise with other third sector organisations and charities to continue to provide support to members of their community known as ORAMMA MPSs or Friendly Mothers. The expertise within the Light and Friendly Mothers was combined to develop a training package to help peer supporters support women from ethnic minorities with mental ill health.

This article evaluated the training package developed from the perspective of the peer supporters.

Methods

Training

The project was based on the amalgamation of existing training packages offered to women who wished to volunteer as a peer supporter with Light or as an ORAMMA MPSs. The Light training focused on perinatal mental health and the ORAMMA training focused on the needs of migrant women in the perinatal period. The adaptation of the training packages was carried out in multiple consultations between Sheffield Hallam University, Friendly Mothers and Light partners to improve cultural sensitivity and highlight issues which may be especially pertinent to women from migrant and ethnic minority backgrounds.

The training package included lectures, scenario-based learning, group discussions and mini lectures. The topics covered in each session are shown in Table 1. Training was co-facilitated by experts in each of the topic areas, who were able to share their own personal and professional experiences to contextualise the theoretical learning. Additional information was also given to the trainees to enable them to further explore at home the issues raised.

The training was delivered across three sessions, each lasting two and a half hours. Training took place in England during March 2021 when the national context was one of a country just emerging from full lockdown restrictions due to the Covid-19 pandemic and coinciding with the one-year anniversary of the first UK lockdown period. This had the effect that participants were both currently affected by restrictions but could also reflect on the impact of the pandemic over the preceding year. Due to the restrictions in place in-person training was not possible, so the training was delivered electronically using Microsoft Teams. Training was facilitated by staff from Light and Friendly Mothers, with a member of staff from Sheffield Hallam University attending sessions to make observations and provide support if required.

Table 1. Session content

Time	Content	Format
Day 1	Welcome and Ground rules Learning outcomes History of Light, ORAMMA and Friendly mothers What Peer support is, their role, commitments, and responsibilities, as well as their impact on the parent/child and wider family relationships. Migrant families: special needs and challenges	Training slides Group discussions
Day 2	How Light offers Peer support, based on the 5 principles of perinatal peer support (Maternal Mental Health Alliance 2019) Scenarios of good and bad Peer support Professional Boundaries Confidentiality and Safeguarding	Training slides Group discussions Roleplay
Day 3	Importance of Perinatal mental health Perinatal and Postnatal mental health illnesses	Lecture
Homework	The experiences of refugee women during pregnancy, childbirth and early motherhood in the UK The migrant journey Privilege Safeguarding Practice scenarios for writing a peer supporter record form	Written information Video links Activities Quizzes Online learning

Participants

As the nature of this project was to pilot and evaluate combining the existing training programmes, participants were recruited from current volunteers; five of whom were Light peer supporters and five were former ORAMMA MPSs.

Data collection

Evaluation was undertaken in 2 phases. The first phase involved asking participants to complete a brief evaluation questionnaire immediately after the training course had been delivered. This asked a combination of multiple choice and free text response questions.

The second phase collected additional feedback via a focus group discussion three months after the end of the training course. This focus group was attended by two training participants and two training facilitators. A further training participant requesting an individual interview (due to other commitments) which was undertaken on the same day. This further feedback followed a period of reflection and could therefore gain additional insights on whether the training had influenced the participants personally or in their practice. The focus group and interview were audio-recorded.

Analysis

Quantitative data collected from the evaluation forms was evaluated using descriptive statistics.

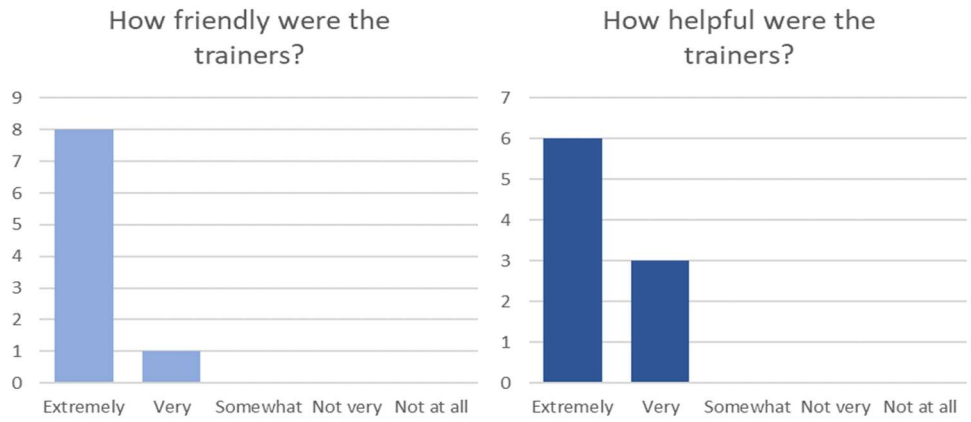
Qualitative data from the open-ended survey responses were combined with data from the focus group and interview. Three authors (GO, FF, HS) familiarised themselves with the data and then identified themes within the responses using thematic analysis. This process was initially undertaken independently, with the three authors then coming together to agree on the final themes.

Results

Ten peer supporters were trained, with nine women completing the evaluation form. This immediate feedback showed that the training was generally very well received. The majority of participants rated the course as 'very good' and none considered it to be 'fair' or 'poor' (Figure 1). Participants reported that the trainers were friendly and helpful (Figure 2). When asked about the organisation of the course, two participants only felt the course was somewhat organised, with the remainder feeling it was well or extremely well organised. While most participants felt they had been provided with all or most of the information required prior to the training session, but one woman felt they only received a little of the information required.

Figure 1. Participants' evaluation of the course

Figure 2. Participants' evaluation of the trainers



Within the qualitative data, three overarching themes were identified: *'Training positively received', 'Training challenges'* and '*Learning and Development'.* Illustrative quotations for each theme are given in Table 2.

274 **Table 2. Illustrative quotations for within each theme and subtheme**

Theme	Subtheme	Quotations
Training positively received	Enjoyment of learning	*"It was very interesting and I did enjoy it a lot personally."* (I3) *"Lovely trainers and a well-presented presentation."* (S6) *"I also really enjoyed it, because I personally learned lots of new things through it as well, so it was really good training for me."* (I1) *"It was, I think particularly the time that we did it, it was very nice to be doing something that took you away from immediately what was going on.* [covid lockdown and restrictions]" (I3)
	Group discussions	*"I found the scenarios really helpful in making me think how I would act in the role and the task around report writing very useful in a practical sense."* (S4) *"We have built a good friendship and the information was beneficial to all of us."* (S5) *"That's the best thing of it, we're all ladies there, so even if we suddenly get our scarf off or something, its ok, so we feel free, we talk more openly, you don't hesitate ... when you're with women you are more open about your feelings about what you think."* (I5)

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Training challenges	Technical issues	*"I struggled with the course being over zoom but this is only due to the pandemic."* (S1) *"I found the breakout rooms stressful because of technology as you were not sure whether you would reach them."* (S3) *"That* [struggling with breakout rooms] *made you feel that you were kind of isolated but also that you'd missed something and you were worried about how important this was. You felt perhaps you weren't as well trained because you missed bits."* (I3) *"I think we might have missed some of those really rich conversations which flow quite easily if we'd have been face-to-face."* (I2) *"I really like training when everyone is gathered together and shares ideas and be involved in everything. The computer doesn't really do much, but in the end it wasn't bad, I'm pleased we did something."* (I4) *"Doing it on the computer, I would say, for me, I would have so much preferred to do it face-to-face."* (I3)
	Lack of scenario complexity	*"I know there was limited time that we had, but specifically for the mental issues that we had, if there were more practical examples … to understand them more deeply, because afterwards you are supposed to be a trained person that you will go and face these mental issues, so if you had examples at the back of your mind it would be much better."* (I1) *"I would have liked a bit more time to reflect on the scenarios with a list of possible contact organisations we can use and when that may be necessary ... a bit more discussion perhaps."* (S3) *"There weren't scenarios that was like very real situations. After we finished the training, I had a lady who contacted me, she couldn't get anywhere, she was really in tears …And she was talking to me and she said, I can't get hold of advice bureau's, I can't get hold of GP. I'm pregnant, and I'm having problems with my partner, my partner wants to send me back home … all these things. And it reminds me of some of the scenarios that we practised on the training, but they didn't really involve the culture or the community background … We haven't gone into depth about culture, religious things, things that are beyond your control.*" (I5)
	Course structure	*"With this training I felt I was able to concentrate and retain more information because of the format of delivery- shorter sessions over a number of days, rather than one long day."* (S4) *"There was a lot to take in each week and lots of stuff that I didn't know about at all … I would have liked it to be longer, but I think this is to do with being online. There was an awful lot in each session and perhaps if we were face to face there would have been more discussion."* (I3) *"I enjoyed the home learning- as it helped keep me involved in what we were learning between sessions."* (S4) *"I didn't like the homework thing, and that's obvious because I haven't done all of it yet. I would have liked that to be more incorporated into the training.*" (I3) *"The training that I like to participate in, is having stuff to do, in the groups during the training time. I enjoy it more than just doing some stuff by myself in my own time as a homework thing."* (I1) *"Not having enough notes before about scenarios, … [it would be] useful to a have plan of session beforehand."* (S9)
	Other commitments	*"Because we are doing so many things, we forget there is a training. If we get a text message to say, 'log in now' that would be great … it would have been good if we had a hint maybe the day before, or maybe the same day, just a reminder."* (I5) *"I used to listen to everything, but I'd mute myself and follow … so you're multi-tasking … and then you've got one ear listening to other people and one ear is on the speakers."* (I5)

Learning and development	Increased awareness	"*For me personally I only knew about post-birth that you get depression, but I really didn't know there are so many mental illnesses that a mother can face after giving birth*." (I1) *"How much mental health issues are important especially for a pregnant women or mothers and how much we can help with it."* (S8) *"[I learned] all about the higher suicide rates, you know the maternal deaths. That was all quite shocking and quite hidden in a way"* (I3) *"I really, really did learn a lot about different cultural values and I found the parts of the ORAMMA training which were incorporated about migrant women and the reasons for migration. I found that really interesting and think that would be something I can definitely take forward in offering support women."* (I2) *"I learnt a lot about how to support migrant mothers, what barriers they may face and how I may have to tailor my support of them to be of help. This is an area I had no prior knowledge of - thank you."* (S4) *"I am finding it very helpful, bringing organisations together brings additional understanding and knowledge to integrate services and bring about awareness of wider issues."* (S7) *"I think it's just given you an awareness of women and what women who have children, ordinary women, what they go through. ... And the vulnerability of women when they are having children and how women, mothers particularly, don't get enough attention."* (I3) "*For nine months you are precious, then you're thrown beyond the backburner*." (I2)
	Personal and professional development	*"It was very strong on getting us trainees to appreciate the sensitivity of our work and to be cautious about our sharing and approach."* (S3) *"During the training you learn you shouldn't be judgemental when you come up to a mother that is suffering from some mental ill health issues. So not being judgemental, trying to be a good listener. You always have these things at the back of your mind, but having it repeated to you to remind you every time."* (I1) *"It made me bit reflective about a lady that came along … she was from Syria and had come to the country as a refugee. It led me to reflect, if I had done the training and had a better knowledge of migrant women, could I have better supported her with her mental health?"* (I2) "*You shouldn't be judgemental, just a good listener, especially with the migrant parents, she just needs someone to listen to her story and support her. It's very important as a peer supporter"* (I4) *"It definitely gets you to think about women and their position, women that you know that have been depressed … it gives you more empathy."* (I3). *"I thought highlighting self-care was really important to helpers."* (S4) "*Looking after yourself, I know we are committed with homes and kids, schools, pandemic, testing, tracing … but you need to feel good about yourself, that's a really important thing ... it makes you feel you are valued.*" (I5)

276 I= Interview; S= Survey

Training positively received

Enjoyment of learning

Participants reported the training to be interesting and clearly presented. Participants appreciated being able to learn new things. The trainees also liked being able to participate in an activity that took their focus off the national COVID restrictions that they were living through.

Group discussions

Participants found the use of training scenarios particularly helpful in developing their understanding of the issues and how peer support works in practice. The group discussions between participants around these scenarios were particularly viewed positively. The friendly nature of the training environment and the female only dynamic of the attendees was appreciated, as trainees felt it helped them to be more open during the discussions.

Training Challenges

The training was not without its challenges. These included technical issues, lack of scenario complexity, course length and home learning activities, and other commitments.

Technical issues

The main challenges encountered were due to technological issues. This was a particular problem during the first session, making the session delivery disjointed and meaning some participants had to re-join the meeting several times. These were addressed as much as possible between sessions meaning the second and subsequent meetings ran more smoothly. Trainees were concerned that these technical issues might have led to them missing out on parts of the training. Remote delivery of the training course was also not the preferred mode for any future training as the trainees felt it limited discussions between them which could enhance their learning.

Lack of scenario complexity

There was also a call for more complex scenarios during the training that more closely reflected what they saw in reality; with women frequently having multiple challenges and difficulties that could be further impacted by their culture and religion. Trainees also reported wanting more time to gain a better understanding of the scenarios presented, ideally with practical examples of organisations that the peer supporter could refer women to in different situations.

Course structure

One participant who had previously attended whole day training sessions, felt that the shorter sessions during the current training enabled better retention. Others however still found the considerable amount of information provided each week to be a challenge and would have preferred the course to have run over more weeks to allow for more discussion around each topic. While some liked the home learning provided, as it gave them an opportunity to consolidate their learning, others found it difficult to motivate themselves to do it and would have preferred to cover it in additional face-to-face sessions. As noted within the quantitative evaluation data, while some participants felt they had received enough information prior to each session, others would have liked more information, for example lesson plans.

Other commitments

Women reported multi-tasking due to other family commitments, especially during the Covid lockdown. This had meant that some women found they were interrupted during the online course by circumstances around them at home. Furthermore, one woman felt that training reminders would be beneficial in the future as the training could easily get forgotten in amongst the business of life.

Learning and development

Participant's learning and development was a significant overarching theme, with feedback predominantly gathered under two sub-themes: *Increased awareness* and *Personal and professional development.*

Increased awareness

Given that this pilot project integrated two existing training packages, with participants drawn from both specialities, it was not surprising that participants reported their learning to mainly align with the topic in which they had not previously been trained. Learning was focussed on the range of mental health issues that may affect women perinatally and on the impact of migration on women's experiences. Several participants also reflected on the overall vulnerability of women at this stage of their life and how the experience of pregnancy and new motherhood could contribute to perinatal mental health difficulties. Participants reported that the ability to learn from each other and consider alternative perspectives was very valuable.

Personal and professional development

The training provided an opportunity to meet with and learn from a group of diverse women with a common goal of supporting other women. This led to a better understanding of their role as a peer supporter. In particular trainees felt they gained skills around how to support women effectively in a non-judgemental and sensitive way, to be empathetic and to be a good listener. They also learnt the importance of addressing both the woman's mental health issues and any issues she may be facing due to migration. The focus on selfcare was also felt to be beneficial, to ensure they could be fully effective as a peer supporter.

Discussion

While previous research has explored the effectiveness of peer support programmes for women with or at risk of perinatal mental ill health (Jones et al. 2014; Leger and Letourneau 2015; Shorey et al. 2019); very limited literature has evaluated the training programmes provided to peer supporters. Where this has occurred, training has been rated positively by peer supporters including among peers supporting women at risk of postnatal depression (Dennis 2013) and those supporting people experiencing infertility issues (Grunberg et al. 2020). Similarly, this evaluation showed that training was largely positively evaluated.

Trainees reported learning a lot during the course, which they could recall when interviewed three months later. However, most would have preferred face-to-face training. They especially felt that discussions were reduced by using an online format. The importance of interaction even within these online sessions however cannot be underestimated. Previous peer supporters trained exclusively via self-learning materials and a pre-recorded webinar, while appreciating the flexibility, felt that the training could have been enhanced with a video conference of some sort (Grunberg et al. 2020). A meta-analysis has also found satisfaction to be lower when sessions were delivered via video-conferencing technology compared to face-to-face training (Ebner and Gegenfurtner 2019). However, the effect on participants learning, assessed through post training knowledge scores, was minimal. Therefore, while a face-to-face format in the future could enhance participant satisfaction, providing interaction through video-conferencing technology is an acceptable alternative for effective learning.

Wide variation in the length of peer supporter training has been noted across perinatal peer support projects, with uncertainty as to what is deemed necessary to be a ‘professional friend’ (McLeish and Redshaw 2015). Peer supporters trained to support people struggling with infertility reported that they wanted shorter training, despite the training being 4 hours long (Grunberg et al. 2020). In contrast a quarter or peer supporters in a different study to support women at risk of perinatal

depression wanted training to be longer than the 4 hours they received (Dennis 2013). They wanted both to cover some aspects in greater detail and to include more role-playing or scenarios (Dennis 2013). Similarly, peer supporters within this evaluation desired longer training, despite it already being longer than the training provided in the study by Dennis (2013).

Peer supporters appreciated the opportunity to learn more about the impact of migration and culture on women. Migrant women are a heterogenous group with individuals varying in length of stay within a country, residency status and reasons for migration (De Grande et al. 2014; World Health Organization (WHO) 2018). As a result, the health needs and outcomes for this group are complex, being determined by access to determinants of health in the country of origin, during transit and within the destination country (WHO 2018). Women from migrant backgrounds, in particular those with refugee or asylum seeker status, may have experienced traumatic life events (Fair et al. 2020). They are also more likely to experience a sense of isolation, to be of poor social economic status, to live in poor housing conditions, and experience stress due to the insecurities of their migrant status within the host country (Fair et al. 2020). All of these factors have been linked with increased mental ill health (Anderson et al. 2017).

Migrant women also described having different expectations of care influenced by both their experiences of care in the country of origin, but also their cultural preferences (Fair et al. 2020). Interactions with culturally incompetent care providers has previously been noted to impact women from ethnic minorities ability to access adequate support for their perinatal mental health (Watson et al. 2019; Watson and Soltani 2019). Being aware of the additional challenges faced by many of these women can help to provide effective support. Trainees within this project really appreciated learning about different cultural values and clearly stated that they hadn't really thought about the impact of the migration journey previously. They could see how it would directly impact on the support they could provide to migrant women.

Strengths and limitations

A small number of peer supporters participated in this initial training course and only half completed the evaluation after three months. Furthermore, all had previously had some experience of providing peer support to women in the perinatal period. Staff turnover and sickness within the organisations also made communication within this project more difficult.

However, despite its small size this evaluation showed that combined training on mental health and migrant's women's experiences was possible. It was rated highly by participants as they realised knowledge on both of these aspects would assist them to provide better peer support for women. The training provided significant insights into the preferred format and content of such training, with participants wanting face-to-face training with more scenario-based materials and additional time for reflection.

In the future further evaluation will be needed, including among participants that are new to peer supporting.

Conclusion

The partnering of a research project with a charity organisation provided an exciting opportunity to improve support services particularly for perinatal mental health care. The combined training approach was reported to have multiple advantages, not least of which being the opportunity for participants from different personal and professional backgrounds to learn from each other. The development of integrated care services is of paramount importance in ensuring that relevant services are made available to the most vulnerable populations.

Key points

- Perinatal mental health peer support training was adapted to meet the needs of women from migrant or minority ethnic backgrounds.
- Ten peer supporters undertook the training and evaluated it through a survey and interviews.
- The training was largely positively reviewed with peer supporters reporting enhanced understanding of perinatal mental health needs and the needs of migrant or ethnic minority women.
- The opportunity for participants from different personal and professional backgrounds to learn from each other was seen as a further advantage of the training.
- Further development of integrated care and voluntary services is of paramount importance to ensure that services are available and acceptable to the most vulnerable populations.

Reflective questions

- What factors may impact on access to perinatal mental health services for women from ethnic minority backgrounds?
- What are some of the additional needs' migrant women or women from a minority ethnic background have when seeking or receiving care for perinatal mental health needs?
- Think back to a time that you cared for a migrant women or women from a minority ethnic background with perinatal mental health needs. How did it go?
- What further steps might you take to further support migrant women or women from a minority ethnic background with their perinatal mental health?

- Are peer supporters used within your work setting and if they are, have they received training to provide culturally sensitive perinatal mental health support to migrant women or women from a minority ethnic background?

Ethical approval

Ethical approval was obtained for this service evaluation prior to commencing the project (ER31498925). Participants were sent the participant information sheet and consent form prior to the focus group / interview. Given the electronic method of data collection, verbal consent was then taken from participants at the beginning of the focus group / interview. Participant numbers only have been provided alongside quotations to protect confidentiality.

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