

**+ A culturally adapted group psychological intervention for British South Asian families affected by perinatal mental health issues - ROSHNI2**



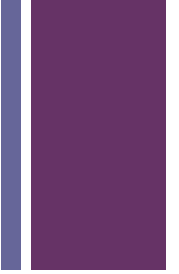
**Farah Lunat  
Deputy Trial Manager**



*Global Mental Health and  
Cultural Psychiatry Research  
Group*

# + Perinatal positivity

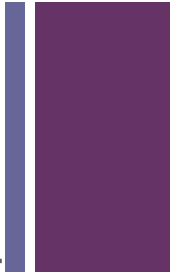
- <https://perinatalpositivity.org/>





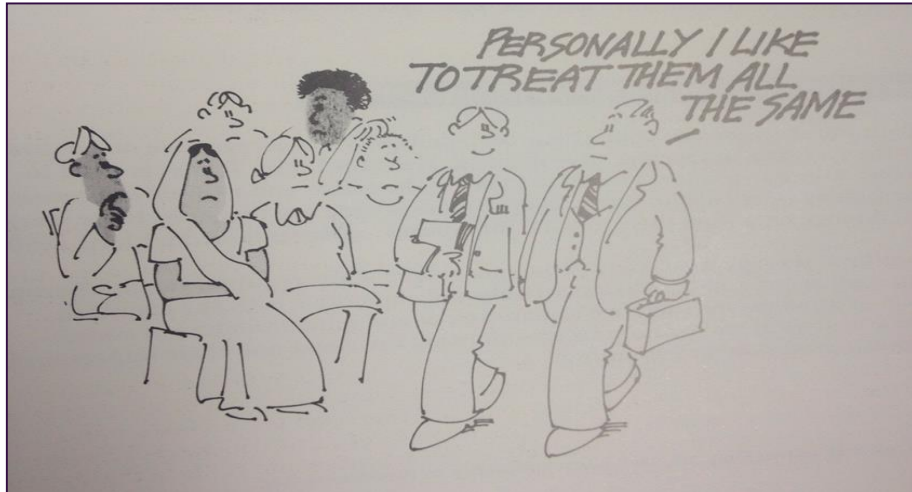
■ Recent data from the IAPT programme (Baker 2018) suggests that, compared to people from White backgrounds, people from Black and Minority Ethnic communities are:

- less likely than to be referred to IAPT services
- less likely to complete treatment
- less likely to be reliably improved
- less likely to achieve full recovery



# + Access to Psychological Therapies

- South Asian women access care only in times of crisis as a last resort (Chew-Graham et al 2002)
- Services fail to engage with ethnic minorities (Chantler et al 2001)
- Lack of appropriate treatment offered or a negative impact of services.
- Higher rates of depression in BSA women may be related to untreated depression (Husain et al, 1997, 2011, 2012)

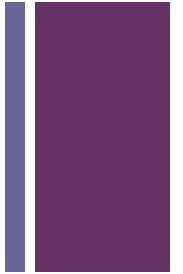


# + Discussion

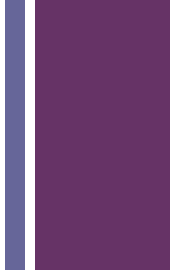
- Generic risk factors for PND
- What is specific to SA women
  - Cultural myths



# + Risk factors for postnatal depression



- Generic risk factors
  - Marital/relationship problems
  - Socio-economic problems (financial difficulties, less empowerment, lack of social support, lack of a confidant or friend)
  - Health issues
  - Adverse life events (unplanned pregnancy, bereavement, separation/divorce)
- Risk factors specific to South Asian women
  - Living with extended families
  - Community pressures
  - Lack of awareness/Stigma of mental illnesses
  - Inaccessibility of health services
  - Lack of empowerment
  - Low self esteem/confidence



The National Institute of Clinical Excellence (NICE) guidelines recommend

Ethnic minority women should be provided with culturally sensitive information and treatment for postnatal depression.

Cognitive Behaviour Therapy (CBT) is recommended as a first line treatment for postnatal depression  
(NICE, 2007 update 2014)

# + Our previous work

Journal of Affective Disorders 140 (2012) 268–276



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Contents lists available at SciVerse ScienceDirect

Journal of Affective Disorders

journal homepage: [www.elsevier.com/locate/jad](http://www.elsevier.com/locate/jad)



## Research report

### Social stress and depression during pregnancy and in the postnatal period in British Pakistani mothers: A cohort study

Nusrat Husain <sup>a,b,\*</sup>, Kennedy Cruickshank <sup>c</sup>, Meher Husain <sup>d</sup>, Sarah Khan <sup>e</sup>, Barbara Tomenson <sup>d</sup>, Atif Rahman <sup>f</sup>

<sup>a</sup> School of Community-based Medicine, University of Manchester, Manchester, UK

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Postnatal

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EPDS

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**Background:** Depressive disorders are common and disabling among perinatal women. The rates are high in ethnic minority groups. The causes are not known in British Pakistani women. The aim of this study was to estimate the rates, correlates and maintaining factors of perinatal depression in a Pakistani sample in UK. The design used was a cross-sectional two phase population based survey with a prospective cohort study.

**Methods:** All women in 3rd trimester attending antenatal clinic were screened with the Edinburgh postnatal depression scale (EPDS). Women scoring 12 or more on EPDS and a random sample of low scorers were interviewed using the Schedules for Assessment in Neuropsychiatry (SCAN) and the Life Events and Difficulties schedule (LEDS). Social support was assessed with the Multidimensional Scale for Perceived Social Support (MSPSS). They were reassessed 6 months after the delivery using the same measures.

**Results:** The weighted prevalence of depression was 16.8%. Depressed mothers had more marked non health difficulties (housing, financial and marital). They had less social support and were socially isolated. Marked social isolation and marked non-health related difficulties were independent predictors of depression. Analyses of all the possible risk factors, comparing 26 persistent depressed with 27 depression resolved group showed significant differences in the MSPSS subscales between the two groups.

**Limitations:** The study lacked inter-rater reliability testing between the individuals carrying out diagnostic interviews. The study sample did not accurately represent the general population and information about the origins of depression in this group of mothers was limited.

**Conclusion:** Depression in British Pakistani mothers is associated with social isolation, poor social support and severe and persistent social difficulties. The findings will have implications in

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open  
accessible medical research

## Maternal depression and infant growth and development in British Pakistani women: a cohort study

Nusrat Husain, <sup>1,2</sup> John Kennedy Cruickshank, <sup>3</sup> Barbara Tomenson, <sup>1</sup> Sarah Khan, <sup>4</sup> Atif Rahman <sup>5</sup>

## ABSTRACT

**Objectives:** Perinatal depression has been found to be a strong and independent risk factor for poor child growth and development in low-income South Asian populations. The authors aimed to study if there was a similar association in first- and second-generation British women of Pakistani origin.

**Design:** A prospective cohort study.

**Setting:** The study was conducted in the North-West of England, in areas with high density of Pakistani-origin population. The subjects were recruited from Central Manchester Hospital in the City of Manchester and East Lancashire Hospital in Lancashire.

**Participants:** 704 physically healthy women were

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- In a longitudinal cohort design, this article examines the potential association between prenatal maternal depression and infant development, in a sample of British women of Pakistani origin.





**The depression cycle of Pakistani women**

# ROSHNI-1



*Exploratory RCT of a group psychological intervention for Postnatal Depression in British mothers of South Asian origin*

- Culturally appropriate group psychosocial intervention.
- Based on the principles of Cognitive Behaviour Therapy
- Developed by PHD student now Dr. Sobia Khan and has been pre-tested on a group of 12 women



**SureStart**  
Children's Centres North

## + What we did...

A letter from the GP at 6 weeks postnatal informed the women about the trial, invite their participation and request their written informed consent.

Women who score  $\geq 12$  on EPDS and a selection of low scorers were invited for the second stage interviews

All consenting women were administered the Clinical Interview Schedule Revised CIS-R to confirm the ICD 10 diagnosis of depression

Women who fulfilled the inclusion criteria were then asked to provide a second written consent for randomization

+



ROSHNI-2

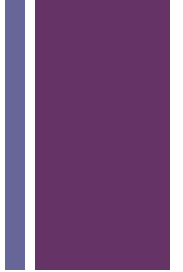
Multi-Centre RCT of a  
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Intervention for low mood in  
British South Asians





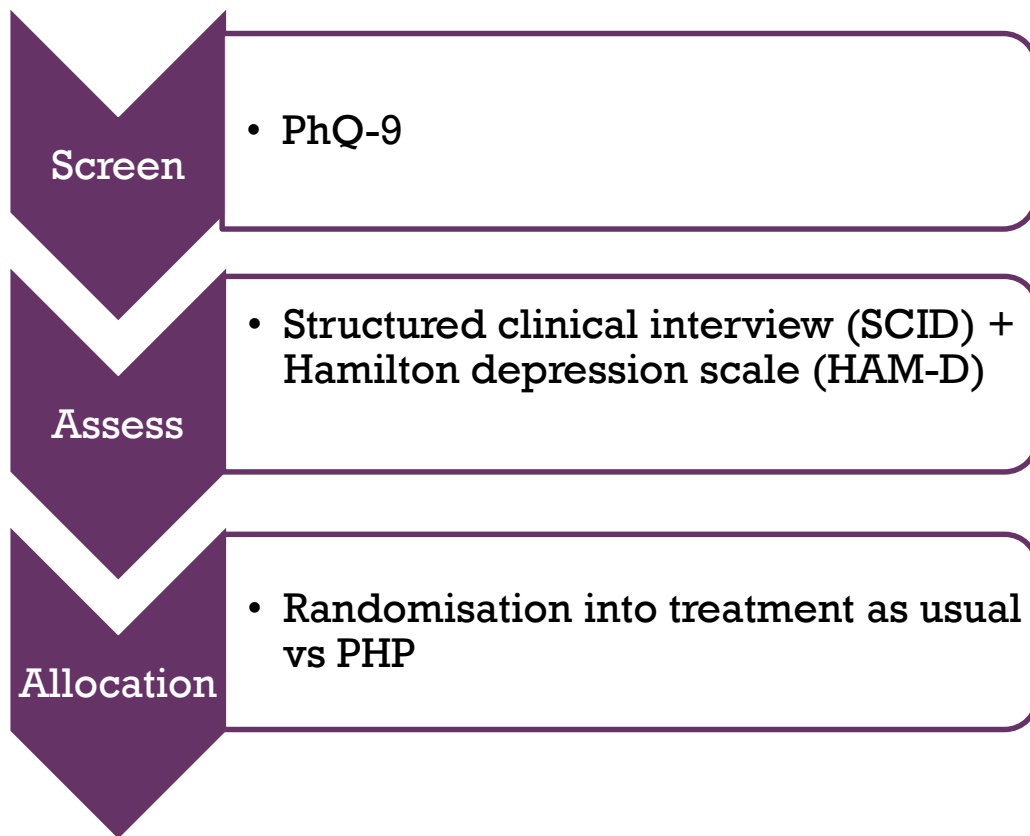
## **Inclusion Criteria**

- **British South Asian women :**
  - Pakistani**
  - Indian**
  - Bangladeshi**
  - Sri Lankan**
- **Aged 16 years or above.**
- **Have a child 0-12 months of age.**





# Recruitment timeline



# + Community engagement



Chai with Roshni-2 London

Chai with Roshni2 in Leicester with the Mayor

Chai with Roshni2 Burnley

Madame Cllr Yemisi Osho @ Chai in London



WFVN - Get inspired and Inspire Others

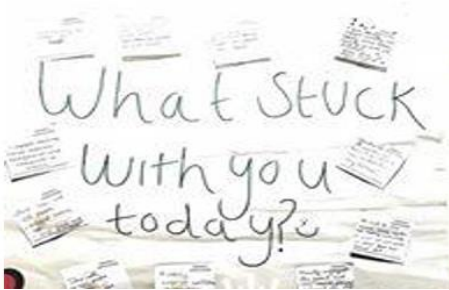
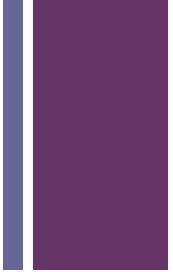


Roshni2 Islam Channel interview



Roshni2 on BBC Asian Network radio









Every **MUM** Matters

#MaternalMHmatters

Come join **ROSHNI-2** & Lancashire BME Network to celebrate **Maternal Mental Health**

**Wednesday 1<sup>st</sup> May 2019**  
**Audley Sports Centre, Blackburn, BB1 1DW**  
**10-12pm:** Breakfast with **ROSHNI-2** - Networking & Stalls  
**12-2:30pm:** Main Event - **ROSHNI-2** Teams & Guest Speakers

In sign-up your terms, please see: [www.bit.ly/every-mum-matters](http://www.bit.ly/every-mum-matters) or contact Tayyibah or Mariya on 07507 866 725 or email [tayyibah.masood@lancashirecare.nhs.uk](mailto:tayyibah.masood@lancashirecare.nhs.uk)  
 \*Registration mandatory via text message or eventbrite

Everyone Welcome!

# ROSHNI2 celebrates World Maternal Mental Health Day



**The ROSHNI2 team from Lancashire Care NHS Foundation Trust (LCFT) hosted a community event to mark World Maternal Mental Health Day.**

ROSHNI 2 is a national scale research study funded by the research institute for health research and led by LCFT. It is designed to address post-natal depression. Becoming a new mum can be joyful and stressful. One in ten women will experience maternal mental health problems before birth and the first year after giving birth.

Research shows perinatal mental illness affects up to 20% of women and if untreated it can have significant long lasting effect on her and her family.

Farah Latif, Deputy Trial

**Community**

Manager (ROSHNI-2) said, "The prevalence of perinatal mental illness is higher in the BSA population. Despite this, BSA mother's access to therapeutic services remains limited."

"It was fantastic to see the ROSHNI2 team being able to engage with this 'hard to reach' community through the support of professionals, local organisations and families in the community in a positive manner."

"The week long social media campaign was a great method of engaging with the community, as well as provided by ROSHNI2 and the Mums Matter event."

The event at Audley Sports Centre in Blackburn was supported by local organisations such as Lancashire BME network, Lancashire Women, Lancashire Mind, Action on Postpartum Psychosis, Snowdrop Doula, HomeStart Genetics, Bumps and Babies

group. It was also supported by local business such as ESKAY Apothecary, Fatima Shikara, Tesna Clemons yoga, Finch Bakery, Nafees Bakery, Blackburn Flowers, Burnley FC, Her salon, Beesweet bookings, Rice & Curry, Amethyal and Lotus, CLD&K who were present on the day and also kindly contributed towards the raffle which raised money for Burnley Neonatal Intensive Care Unit. The project lead is chief investigator Professor Nusrat Husain who is a pioneer in global mental health research. Eleven survivors of maternal mental health came together in 2014 to create the Perinatal Mental Health Partnership. In 2017, they launched maternal mental health week. Within the week, World Maternal Mental Health day is celebrated.

You can follow ROSHNI2 on twitter @roshni2\_ or on Instagram - Roshni.2



# + Media involvement



**The Visitor**

NEWS HEALTH TRANSPORT CRIME EDUCATION BUSINESS POLITICS ENVY

## Call for British South Asian mothers for study on postnatal low mood



Professor Nusrat Husain  
Published: 15:39  
Friday 11 August 2017

British South Asian mothers with children under 12 months are being called on to participate in a research study that looks at the rise in postnatal low mood and stress among South Asian women.

The study, entitled ROSHNI-2, is running for four years and is the largest of its kind to be funded by the Health Technology Assessment (HTA) programme which is run by the NHS National Institute for Health Research.

Led nationally by Lancashire Care NHS Foundation Trust's Professor Nusrat Husain, the study is researching alternative culturally adapted methods of supporting South Asian women experiencing low mood and stress following childbirth.



**The Mirror**

Healthcare Science Careers Money Today Property Business Tech Business

## British South Asian mums needed for health study

By [Nusrat Husain](#) @nusrat2

REPORTER

BRITISH South Asian mums with children under 12 months are being invited to participate in a research study that looks at the rise in postnatal low mood and stress among South Asian women.

The four-year ROSHNI-2 study is being led nationally by Lancashire Care NHS Foundation Trust's Professor Nusrat Husain.

Up to £8.1 billion is estimated to be spent each year on perinatal mental health problems in the UK.

Professor Husain said "The rates of postnatal low mood in the majority UK population are 10 to 15 percent and in British South Asian women (Pakistan, India and Bangladesh) the rates are reported to be higher."

**BLACK FRIDAY**  
UNMISSABLE OFFERS  
END THIS SUNDAY  
**JYSK**

"This project seeks to determine how clinically effective and cost-effective the culturally adapted group positive health programme is for British South Asian women with low mood after child birth compared with routine treatment."

For further details contact Farah Lunat on farah.lunat@lancashirecare.nhs.uk or Nafeesa Bhatti on nafeesa.bhatti@lancashirecare.nhs.uk on 01254 612508 and 07507844725.



## WE NEED YOUR SUPPORT

The rate of postnatal depression in British South Asian women is higher but women do not access healthcare services due to language and cultural barriers.

The ROSHNI2 team want to speak to all women who have a baby under 12 months and identify as Indian, Pakistani, Bangladeshi or Sri Lankan. We need your support to make this project a success. Our community can hugely benefit from taking part in research like this to ensure that services can be appropriately adapted to meet the needs of this community.

ROSHNI2 is led by Lancashire Care NHS Foundation Trust and funded by the National Institute of Health Research. Chief investigator Professor Nusrat Husain extends his thanks to everyone who has supported the project so far. We have spoken to over 1000 mums in Lancashire and over 3000 across the country.

Our team works across Lancashire, Manchester, Oldham, Bolton, Yorkshire, Midlands and London. Our team can arrange home visits or meet at a convenient location to you. We ensure members of the team can communicate in Urdu, Punjabi, Gujarati, Bengali and Tamil.

Our journey has just started, we have a long way to go from here. If we protect our mums now we will protect our future generations to come.

## Eid Mubarak from the Roshni2 team

**Tel: 07507844725 or 01254 612508**

**Farah.Lunat@Lancashirecare.nhs.uk**

Facebook: Roshni-2 project Instagram: roshni.2 Twitter: ROSHNI2\_



**ROSHNI-2**

ROSHNI2 needs your support. We would like to speak to all South Asian women (Indian, Pakistani, Bangladeshi & Sri-Lankani) with a baby aged under 12 months.





- <https://www.youtube.com/watch?v=lsLo9lStv7g&feature=youtu.be>

# + Social media

11 January - 7 February Last 28 days ▾

Post reach 2,659 ▲22%	Post engagements 880 ▲46%	New Page likes 20 ▲900%
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**Promotions** See details  
0 active promotions started in the last 28 days.

	<b>Boosted post</b> Completed £0.00 spent	Reach 0 Post engagement 0
	<b>Boosted post</b> Completed £10.00 spent	Reach 458 Post engagement 150

**Encourage people to like your Page**  
Create a promotion highlighting your Page so that people can learn more about your business. >

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Your Page Insights summary for Roshni-2 Project

4 February - 3 March

6.4K Post reach +575%	2.0K Post engagements +168%	38 New Page likes +192%
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Trends compare the current and previous 28-day periods.

17 January - 13 February Last 28 days ▾

Post reach 3,103 ▲863	Post engagements 989 ▲355	New Page likes 21 ▲17
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**Promotions** See details  
0 active promotions started in the last 28 days.

	<b>Boosted post</b> Completed £0.00 spent	Reach 0 Post engagement 0
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21 March - 17 April Last 28 days ▾

Post reach 6,552 ▼10%	Post engagements 1,942 ▼25%	New Page likes 111 ▲127%
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**Promotions** See details  
1 active promotion started in the last 28 days.

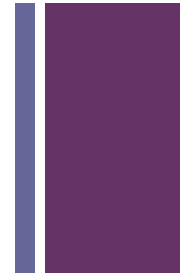
	<b>Boosted post</b> Finishes in 14 days £13.02 spent	Reach 2.1k Post engagement 409
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**Encourage people to like your Page**  
Create a promotion highlighting your Page so that people can learn more about your business. >

**Posts** See more



# + Service user involvement



**NHS**  
National Institute for  
Health Research



## The ROSHNI-2 Journey

# + Intervention – Positive Health Programme

- Crèche provision
- Transport expenses reimbursement
- Reimbursement of time
- Delivery in 5 languages



# + Our previous work

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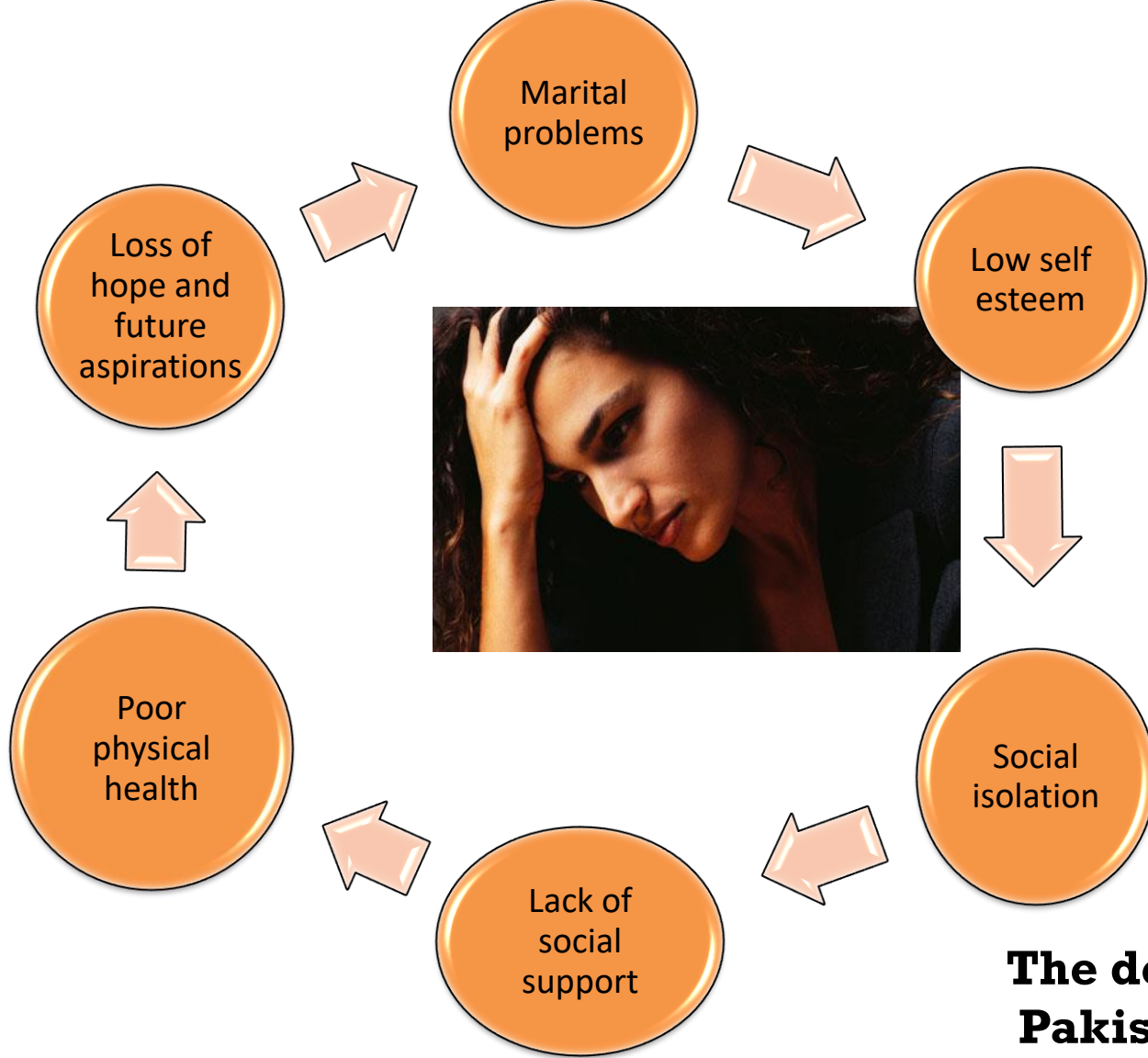
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**SureStart**  
Children's Centres North

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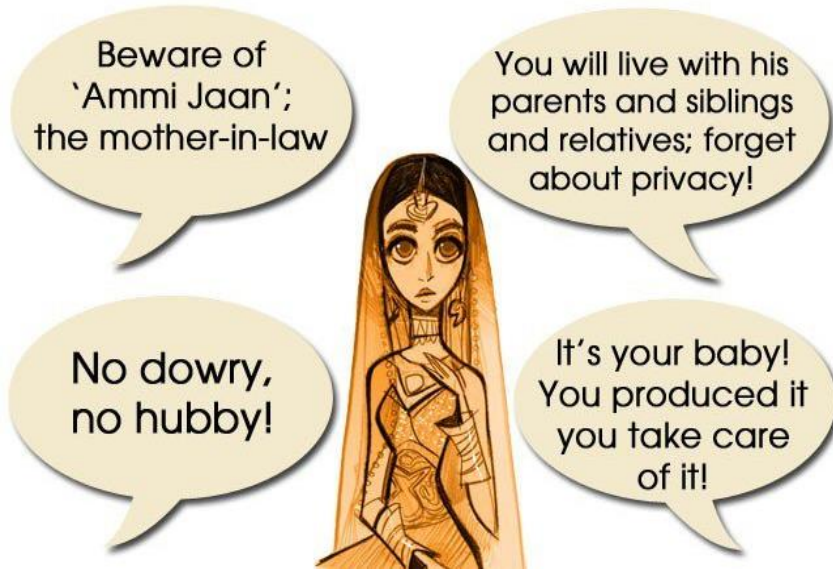
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All consenting women were administered the Clinical Interview Schedule Revised CIS-R to confirm the ICD 10 diagnosis of depression

Women who fulfilled the inclusion criteria were then asked to provide a second written consent for randomization

# + The Positive Health Programme



Session 1: Introduction to the PHP

Session 2: Pressures and expectations of women.

Examples and stories are used in the manual to help women understand the vicious circle of depression (ABC model).



## Session 3: Understanding & Managing Self- esteem

- Understanding the role of our thoughts and feelings on our behaviour.
- To encourage members to implement change in their lives in terms of achieving good self-esteem .



## ✦ Session 4: Keeping up with the Chaudhrys (Joneses)

To unveil feelings of envy and jealousy and learn from others.



## Session 5 – Exercise and looking good

- Identify the pressures on women wanting to look good.
- Exercise as a way of managing good weight.

## Session 6- Religion and Spirituality (Multi-faith)

- Identifying negative beliefs about “Punishment from God”
- To challenge our negative thoughts regarding religion using the ABC model
- Using spirituality as means of increasing inner calm.



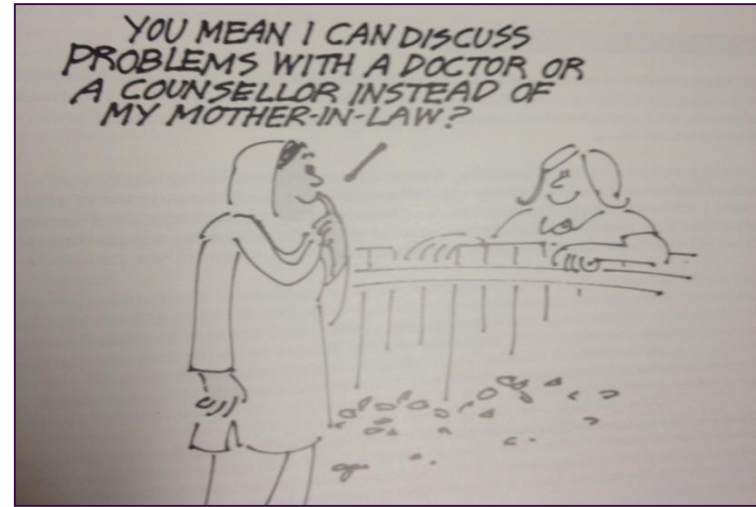
## + ■ Session 7: Relaxation

■ Session 8: Assertiveness and confidence.

■ Session 9: Breaking social isolation

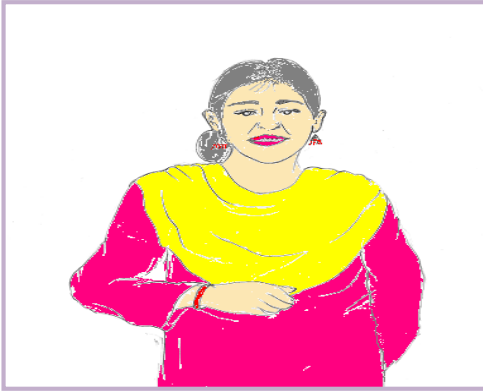
■ Session 10: Discussion group

■ Session 11: Discussion group





# Final Session (12<sup>th</sup>)



- Goodbye session
- Planned as certificate distribution ceremony
- All dressed up
- Exchange contacts
- Follow up

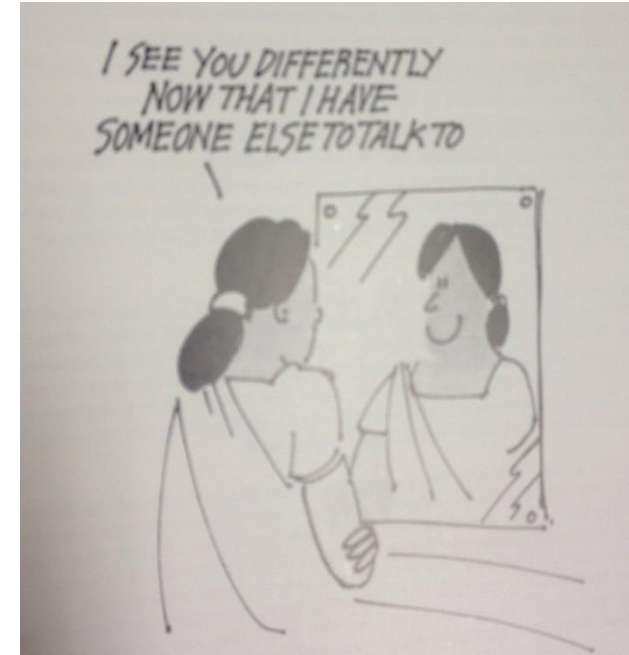


+ “ I am more relaxed and confident. Earlier, I could not speak and even go out of my house; now I go out with my friends and feel that I can new things as well (ID6)”



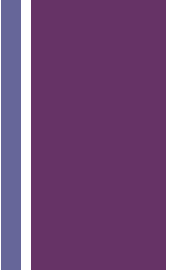
# Qualitative Results

- All the participants reported improved well-being since attending the PHP.
- Women reported improvements in their lifestyle by being more proactive, enhanced self-esteem & managing stress more effectively.
- Embracing and adopting a positive view of life.



# + Practical example of delivering PHP

- Video example





# Situation

Aware service user is “different” e.g. BAME in therapy

## Cognitions

“I am not knowledgeable enough to understand their ethnicity/culture/ religion”  
“I’m not sure I am the best person to work with them”  
“If I raise questions about their ethnicity, culture or religion, it will be really awkward”  
“**What if** I offend them?”  
“**What if** I get something wrong? They might think I’m being racist?”

## Body

Heart rate increases  
Tense  
Change in body language

## Behaviours

Tolerate uncertainty and allow self to be vulnerable in light of difficult feelings being aroused  
Bring up service users ethnicity/ religion/ culture/ experience of racism in therapy  
Don’t feel confident and still work with people from BAME communities. Be kind to yourself  
Discuss issues and reflect in supervision, attend workshops to develop confidence

## Mood

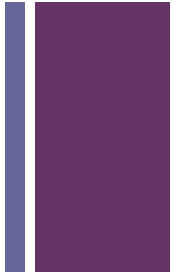
Anxious  
Guilt  
Shame

## Consequences

**Acquire more knowledge of other ethnicities, cultures and religions**  
**Develop confidence to work with BAME communities including new and emerging communities**  
**Therapists experiences of delivering therapy to BAME communities improves**  
**BAME service users experiences of receiving therapy improve**  
**Overall, better relationships between the mental health service and BAME communities can start to develop**

# + Culturally Adapted (CA) therapy

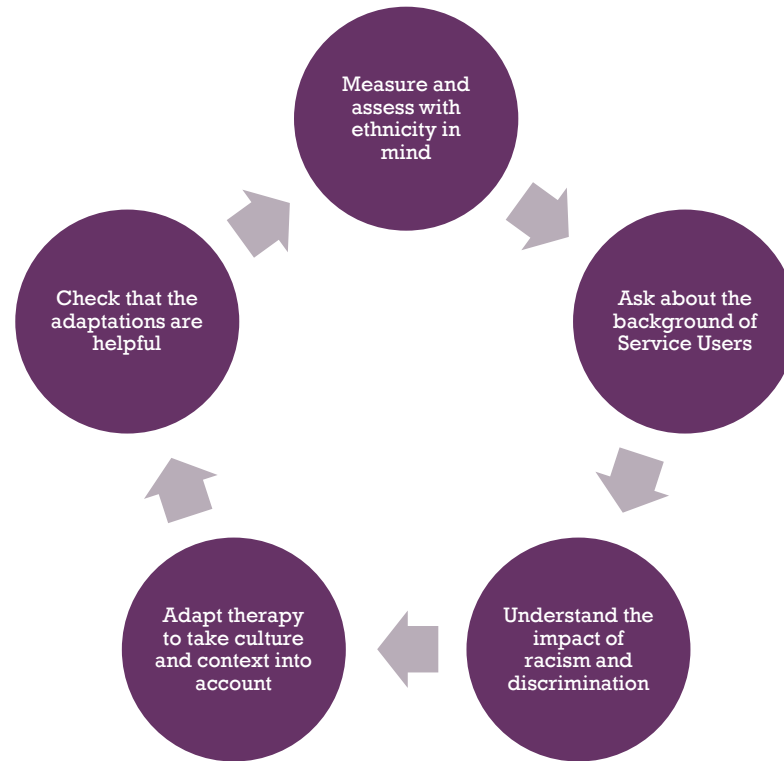
- makes specific adaptations to therapy for work with specific communities based on ideas about the values, beliefs and preferences of this community
- in Western contexts where a clinic works with just one major BME group and where the staff group reflect this diversity
- in Non-Western countries where local therapists learn a Western model of therapy then adapts this to local contexts



# + The cycle of improving access



# + The cycle of improving outcomes





+

# Review and Q&A

