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## Multilevel Barriers to Perinatal Mental Healthcare among Minority Ethnic Women in the United Kingdom (UK): A Systematic Review

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### Abstract

**Background:** In the United Kingdom (UK), women belonging to the minority ethnic population report with a significantly higher postnatal mental condition and experiences a unique multilevel barrier along perinatal mental health care services. This study aims to investigate the different factors constituting these barriers and inadequate perinatal care experienced among this population in the UK.

**Methods:** This study employs a secondary research approach following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. PubMed, Scopus, MEDLINE, and CIHNAL were searched using relevant keywords and studies included in the review are selected using specific predefined inclusion criteria. Quality appraisal of selected articles was done using the Critical Appraisal Skill Programme (CASP) and Mixed Methods Appraisal Tools (MMAT) for qualitative and quantitative articles, respectively. Each selected article was synthesised thematically to identify patterns relevant to the research question.

**Results:** The study revealed that barriers to obtaining desirable perinatal mental health services for women of minority ethnicities were found across four distinct levels. Factors identified within each level include insufficient knowledge and resources, negative perception, choice of treatment, fragmentation in service components, cultural insensitivity, factors attributed to social isolation including stigma, shame, guilt, loneliness and language issues were identified as some of the challenges resulting in the undesirable experience within the population.

**Conclusion:** There exist multilevel challenges faced by women belonging to the minority ethnic population in accessing perinatal mental health in the UK. It identified that the perinatal mental health of women in this population is unequally catered for, highlighting the need for robust multilevel strategies targeting individual, organizational, sociocultural and structural barriers.

**Keywords:** Perinatal mental healthcare, Minority ethnic women, Experiences, United Kingdom.

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## Background

The perinatal period is a time of lifestyle adaptation for women of all races and ethnicities due to the difficulties and changes brought on by pregnancy, childbirth, and early parenthood (Howard et al., 2014; Meltzer-Brody et al., 2018). This period extends between the onset of pregnancy to the first 12 months after delivery (Tripathy, 2020; Bailey & Gaskin, 2021). Due to the significant changes during this time, women have substantial perinatal mental health care needs, with approximately 10-20% developing notable mental health disorders if they do not receive proper care (Pilav et al., 2022).

In the United Kingdom (UK), there exists yet a notable disparity in pregnancy and maternal outcomes among women of different ethnicities. Studies have shown that Asian and black women have a significant two-fold and fivefold likelihood of death during childbirth respectively; this is in addition to the significant cases of perinatal mental health challenges reported among women from this demographic race (Gavin et al. 2011; Knight 2019; Howell et al., 2014; Onozawa et al., 2003; Roomruangwong & Epperson 2011; Segre et al., 2006). Numerous indicators reveal that unequal perinatal mental health care among different ethnic groups highlights the causes of the significantly higher incidence of perinatal mental health (PMH) issues, including instances of bonding challenges, diminished parenting skills, poor pregnancy experience, poor management of pre-existing mental conditions, increased likelihood of children behavioural/ developmental concerns and significant reduction in the quality of life for both mothers and child within the minority ethnic population (NCCMH 2018; Stein et al., 2014; Aktar et al., 2019; Surkan et al., 2011).

Given the undesirable outcomes, investigating the barriers to desirable and efficient perinatal care along its care pathways represent a crucial step to improve accessibility to care and enhance the quality of life for women within this population in the UK. This study, therefore, will investigate various barriers and identify factors perpetuating them to improve perinatal mental health outcomes.

## Methods

The study critically analyses existing published data on the perinatal care experiences of women from minority ethnic populations in the UK to identify barriers along the care pathway. Articles were selected from four databases—PubMed, SCOPUS, PsycINFO, and CINAHL—following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework. The choice of these four databases was based on an initial investigation and recommendation by the research supervisor to identify databases with extensive coverage on the topic of interest. Specific inclusion and exclusion criteria were applied to select articles describing the barriers to perinatal mental health among women from minority ethnic populations in the UK.

Articles selected are screened to focus on the subject of interest and to provide the most recent evidence of the subject. Published articles focusing on the experiences of minority ethnic populations along the perinatal mental healthcare pathway in the UK in the last 10 years were selected to maintain the study's overall objective. Qualitative, quantitative, or mixed-method studies published in English language were included to ensure that the most recent evidence was captured and biases due to language translation are considerably eliminated.

## Search strategies

The literature search was conducted using Boolean connected index keywords. Each keyword emerged from relevant key concepts in the research question. Four specific keywords were used independently and combined using Boolean operators (AND, OR, and \*) to systematically probe for relevant articles across all databases. Each search conducted is done using the advanced search to maximise the articles pulled, which were imported into Endnote X9 to automatically identify and screen duplicates.

## Article Selection

All articles were selected following a systematic protocol based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses

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(PRISMA) guidelines (Page et al., 2021) and screening for specific features determining their eligibility for inclusion in this study. As shown in Figure 1, an advanced search using predefined keyword combinations across the four databases yielded 436 papers. After removing duplicates, 329 papers remained. Each article was then assessed based on its title and abstract, resulting in the removal of 205 articles and leaving 124 articles to be screened for full-text availability.

This screening eliminated 11 more articles, leaving 113 articles to be assessed for eligibility.

All 113 full-text articles were accessed for eligibility, and 98 articles were excluded for the following reasons: 'article out of scope' (n=65), 'participants not of interest' (n=11), and 'unclear study design' (n=7). After the final screening, 15 articles met the inclusion criteria and were included in the synthesis to generate answers to the study research questions.

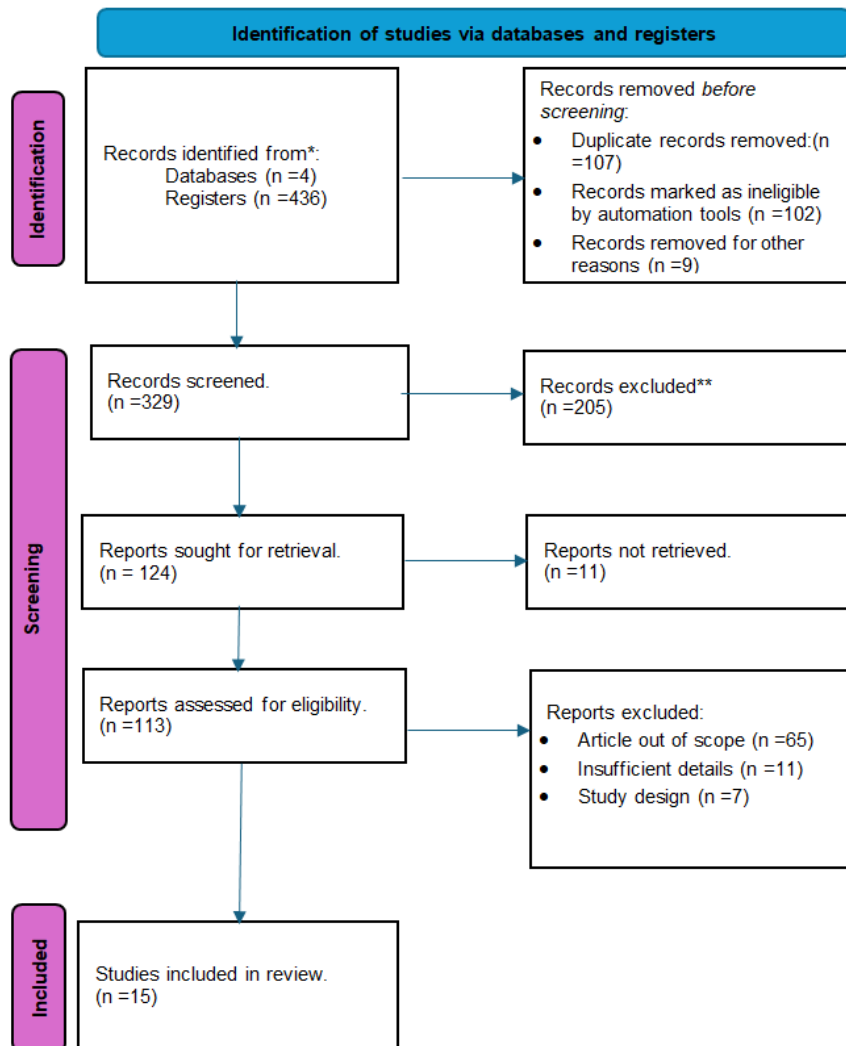


Figure 1: PRISMA flow diagram illustrating the search for journal articles.

## Quality assessment

The quality of the studies included in the review was evaluated using two tools: the Critical Appraisal Skills Programme (CASP) checklist for qualitative investigations (CASP, 2022) and the Mixed Method Appraisal Tool (MMAT) for both quantitative and mixed method studies (Hong et

al., 2018). Each appraisal tool includes checklists that provide a structured approach to analysing the quality and rigor of the selected studies.

The CASP checklist consists of 10 questions designed to facilitate the evaluation of qualitative papers and promote consistency among reviewers. Each question was scored on a 2-point scale if the specified criteria were satisfied. The cumulative

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CASP scores for each publication were used to classify the studies into three categories: high quality (score >19/20; no methodological issues), moderate quality (score 16–19/20; no substantial methodological difficulties), or low quality (score <16/20; substantial methodological issues). Table 1 shows the quality evaluation scores assigned to each article included in this review.

The evaluation of articles in this study is inclusive; studies with low evaluation scores were not excluded to accommodate the variations in CASP scores caused by differences in journal reporting requirements across the studies used in this review.

**Table 1: Result of Criteria Appraisal Evaluation**

Article Reference	Publication Year	Total score	Level of Appraisal
Edge,2011	2011	20	High
Edge, 2010	2010	20	High
Ling et al., 2022	2022	17	Moderate
MacLellan et al., 2022	2022	17	Moderate
Witkowski et al., 2011	2011	20	High
Gardner et al., 2014	2014	20	High
Pilav et al., 2022	2022	20	High
Pilav et al., 2022	2022	18	Low
Conneely et al., 2022	2022	20	High
Smith et al., 2019	2019	20	High
Lam et al., 2012	2012	20	High
Jankovic et al., 2020	2022	NA	High
Watson et al., 2019	2019	NA	Moderate
Darwin et al., 2022	2022	NA	Moderate
Thomson et al., 2020	2023	NA	High

### Data extraction

The extraction of data in this study was done manually using excel spreadsheet. Key features of each article used in this study that are relevant to the study objective were carefully identified and fed into the excel spreadsheet. The manual extraction of data allowed for a detail review of each article and critical identification of features

that are essential to answer the review question and meeting the study overall objective.

### Data analysis

The finding in this study is generated by synthesising all selected articles to identify factors associated with difficulty constituting barriers perinatal mental health care among the minority ethnic population and ranking them into unique categories using the thematic analytic approach.

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The analytic approach identifies and summarises areas of each study that provide evidence on the barriers to perinatal mental health care faced by women belonging to the minority ethnic population in the UK. The synthesis enhances understanding of questions regarding: *What are the barriers to access of perinatal mental health services amongst minority ethnic women in the UK that impact on their perinatal mental health care experience?* The analysis pulls answers from all selected studies. This is done by separating the findings, interpreting and then combining them all by identifying key themes across studies.

### Results

### Characteristics of study.

Table 2 presents a precise overview of the key attributes and features of the study used in this review. A total of 15 studies were synthesised with 11 papers appraised as high quality and 3, as moderate quality. Each paper has a clear study design with 11 employing a qualitative research approach, 1 utilised quantitative approach, and 3 employing a mixed methods research design. Significant similarities were observed in the result presented by each paper regarding the challenges faced by women belong to the minority ethnic population which lead to the identification of themes.

**Table 2: Data Extraction Sheet**

Author	Year	Study Location	Study population	Data Collection Method	Key finding relating to barriers in care.
Edge, 2011	2011	Northwest England	Black Caribbean women	focus group interviews	1. Previous negative NHS experience 2. inadequate resources 3. Poor support networks 4. Lack of awareness about PNMH
Edge, 2010	2010	Northwest England	Black Caribbean women	Focus group discussions and in-depth interview	1. Diagnostic difficulties 2. Lack of resources 3. Fragmented system 4. Policy not implemented
Ling et al., 2022	2022	United Kingdom	First generation Nigerian mothers >18years		4. Cultural perceptions 5. Shame and stigma -neglect from family and healthcare professionals -Loneliness and coping
MacLellan et al., 2022	2022	United Kingdom	BAME Women	systematic review and qualitative evidence synthesis	1. Discriminatory practices and communication failures in UK NHS maternity services
Conneely et al., 2023	2023	East London and Birmingham	Black and South Asian women > 18years	Semi-structured interviews	1. Mental distress 2. Stigma, 3. Mistrust and lack of visibility of services, organizational gaps in the referral process

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Gardner et al., 2014	2014	Manchester	West African mothers >18 years	semi structured interviews	1. Conceptualizing PND 2. Isolation 3. Loss of identity. 4. Issues of trust
Pilav et al., 2022	2022	South London	women who identify as minority ethnic women	Semi structured interviews	1. Shame and Guilt in Motherhood 2. Family and Community Influences 3. Cultural Understanding, Empowerment, and Validation
Witkowski et al., 2011	2011	Greater Manchester	South Asian mothers scoring >10 on EPD	In depth interview	1. Fear of stigma and loss of jobs 2. Racial discrimination 3. Cultural and language barriers 4. Poor PNMH awareness 5. Poor social support networks
Watson et al., 2019	2019	United Kingdom	Minority ethnic women who had experienced poor mental health	exploratory survey	1. Three themes about women's experiences of perinatal mental health problems and support services: suffering in silence, the need for a safe space to talk and to be listened to, and what about women like me.
Pilav, et al., 2022	2022	South London	Minority ethnic women	Interviews	1. Difficulties and Disruptions to 2. Access' (Access to 3. Appointments; Pandemic 4. Restrictions and Disruption), 5. Experiences of Remote Delivery' (Preference for Face-to-Face Contact; Advantages of Remote Support); and 'Psychosocial Experiences' linked to COVID-19 (Heightened Anxiety; Social Isolation)
Darwin et al., 2022	2022	North London	Minoritized women	Survey interview	1. Provision of interpreters, digital exclusion, stigma, disempowerment, distrust of services, practitioner attitudes, data capture, representation in the workforce, narrow rules of partnership working. COVID19 pandemic.
Jankovic et al., 2020	2020	England	women in England who had a hospital birth episode	Two datasets NCDR (1) acute inpatient data set (2) Mental Health	Women in ethnic groups with lower access rates to community mental health services have a higher proportion of involuntary admissions. This applies specifically to Black African, Asian, and White Other women compared to White



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				Services Dataset (MHSDS).	British women
Thomson et al, 2020	2020	Northwest England	women, 18+ years, from self-reported minoritized ethnicity	Surveys Follow up interview	accessing care Communication needs, and resources meeting religious and cultural need Discriminatory or stigmatising care
Lam et al 2012	2012	England	Chinese postnatal Women	Interviews	1.Language and cultural values 2.Isolation 3.Emotional distress 4.Conflict
Smith et al 2019	2019	England	Women of minority ethnicity	Electronic database	1.Individual (e.g., stigma, poor awareness), organisational (e.g., resource inadequacies, service fragmentation), sociocultural (e.g., language/cultural barriers) and structural (e.g., unclear policy) levels.

The synthesis of articles resulted in the identification of themes related to the barrier of perinatal mental health as faced by women belonging to the minority ethnic women in the United Kingdom. The finding is broadly categorised into distinct levels to thoroughly describe the various elements that serves as a barrier to perinatal mental health care in the UK. The challenges in perinatal mental health were categorised into four levels as follows.

### 1. Individual Level

#### *1.1 Insufficient knowledge, negative perceptions, and attitudes to PNMH issues by women, and healthcare providers*

The synthesis of research revealed the significant challenges black women face regarding perinatal mental health and ultimately serves as barrier to accessing a desirable care. The primary issues at the individual level include a lack of awareness and information about mental health, unfamiliarity with the concept, and limited understanding of the signs and symptoms of mental illness. This factors in addition to the absence of open discussions on mental health difficulties between healthcare

providers and family members were identified at the individual level (Edge 2011; Edge 2010; Gardner et al. 2014; Lam et al. 2012; Wittkowski et al. 2011).

A study conducted in Manchester on the interpretive phenomenological analysis (IPA) of post-natal depression (PND) revealed that women experiencing PND symptoms were more comfortable using the term "stress" rather than "depression," as they did not view it as an illness but rather attributed their symptoms to social stress (Gardner et al. 2014). One participant described her symptoms as stress, noting behaviours like talking to herself and having different thoughts (Gardner et al. 2014).

Conversely, another study on Interpretive phenomenological analysis (IPA) of the experiences of PND among first-generation Nigerian mothers in the UK found that despite following the family tradition of being strong and resilient, the Nigeria women recognized their depression (Ling et al. 2022) in contrasts to study that reported that women in this population viewed their depression as stress due to limited awareness (Gardner et al., 2014).

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Another barrier identified at the individual level is revealed among studies conducted on the Asian minority population where distinct terminology is used to describe their experiences and separated their mental and somatic symptoms in ways that differ from professional descriptions. These women often used somatic descriptors, such as headaches and body aches, to convey their experiences. One participant noted that in her native Pakistan, there is no word for depression, reflecting a lack of awareness and understanding of the condition (Wittkowski et al. 2011).

Some other studies (Edge 2011; Edge 2010; Smith et al. 2019) indicated that healthcare professionals also express an inadequate understanding of perinatal mental illnesses (PMIs). Midwives and health visitors reported feeling disadvantaged due to a lack of pertinent information and training in handling postnatal depression and other mental disorders. This deficiency was echoed by student midwives who highlighted the lack of formal training, noting that their education included only one lecture on mental health (Edge 2011; Smith et al. 2019).

## 2. Sociocultural level

### 2.1 *Stigma, shame, and guilt*

In six studies (Conneely et al. 2023; Ling et al. 2022; Pilav et al. 2022; Wittkowski et al. 2011; Watson et al. 2019; MacLellan et al. 2022), women reported experiencing stigma, guilt, and humiliation related to receiving a perinatal mental illness (PMI) diagnosis and treatment. For instance, a Pakistani woman with postnatal depression (PND) expressed fear that her mental illness would be discovered at work, highlighting the heightened stigma faced by Asian women (Wittkowski et al. 2011). Another report found that many women delayed seeking help due to a tendency to conceal their issues and scepticism towards available resources. They recounted concerns from acquaintances about engaging with service providers, fearing it would lead to stigmatization, as illustrated by a black African woman who was warned about the potential negative consequences of attending counselling (Conneely et al. 2023)

### 2.2 *Social isolation, Loneliness, Support network.*

Women from minority ethnic backgrounds living in the UK often feel lonely due to being geographically separated from their immediate family (Pilav et al., 2022, Lam et al., 2012). These women rely heavily on immediate family for postpartum care, in line with their cultural norms, which often place more caregiving responsibility on female family members than on fathers or husbands (Gardner et al., 2014; Lam et al., 2012). An Asian woman with postpartum depression expressed, "I feel totally alone, I have no support, and this makes me feel worse" (Wittkowski et al., 2011). However, proximity to family doesn't always alleviate loneliness. Sharing experiences with peers from diverse backgrounds helps women feel a sense of belonging, and they do not necessarily prefer groups of the same ethnicity (Edge, 2011; Lam et al., 2012).

### 2.3 *Cultural differences*

The interaction between cultural views, access to mental health services (MHS), and the obstacles faced by women with perinatal mental illness (PMI) has been extensively examined in recent studies (Smith et al., 2019; Edge, 2011; Lam et al., 2012; Wittowski et al., 2011; Conneely et al., 2023). These findings highlight that cultural expectations significantly hinder Black, Asian, and Minority Ethnic women from accessing perinatal mental healthcare. Women within the minority ethnic population often perceive themselves as strong and seeking help, feeling pressured to display strength, consequently the cultural inclination become a barrier to having a quality perinatal mental health care experience. One participant remarked, "I'm Black, (laughs) I'm Black and I'm Caribbean. They don't expect you to be weak" (Conneely et al., 2023).

Furthermore, minority ethnic women underscore the importance of cultural competence among healthcare professionals to encourage help-seeking behaviour. They reported that existing support services, predominantly serving white women, were culturally inappropriate and inaccessible (Watson et al., 2019). An Indian woman noted, "It was just group therapy with white women, no one like me" (Watson et al., 2019).

This finding comes in contrast to the study that found that black Caribbean women preferred



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culturally neutral psychological interventions (Edge, 2011). These women suggested that integrating with diverse groups could improve accessibility, reduce stigma, and enhance psychological education. A participant expressed, "If you sit in a room with all black people, they will all just sit there looking at each other... Even if they were depressed, they would hide it as much as possible. I think we need to integrate with other people... to talk our way through the different experiences that we have" (Edge, 2011)

These findings suggest that while culturally tailored services are crucial, there is also a need for inclusive and integrated approaches to effectively address the mental health needs of minority ethnic women.

## 2.4 Language issues

Studies identified that mothers and healthcare providers (HCPs) commonly reported language as a hindrance to receiving perinatal mental health services and care. According to Lam et al. (2012), women belonging to minority ethnic origins reported facing notable obstacles while seeking access to interpreters.

*"The midwife visits, I can only speak the sentences about requesting a translator ...*

*They said that this kind of service is limited ... that is what is difficult being Chinese—language barrier"* – Chinese woman (Lam et al. 2012).

## 3. Organisational-level factors

In some studies, healthcare professionals (HCPs) identified the main organizational constraints to delivering efficient care for women with perinatal mental illness (PMI) as insufficient resources, including personnel shortages and limited service provision (Edge, 2010; Edge, 2011; Smith et al., 2019). A health visitor's remark, "*You know in this community we have to look after a thousand and something babies,*" led one community woman to feel hesitant about seeking help (Edge, 2011). Additionally, these women reported that interactions with professionals during the perinatal period were rigid and protocol-driven, offering little opportunity to discuss psychological distress, identify morbidity, or provide effective interventions (Edge, 2011). A participant described her experience as, "*Leaflet (baby*

*massage); leaflet (postnatal depression); leaflet (baby immunisations). 'Any questions let us know. Any problems, see your GP.' It's leaflet, leaflet, leaflet; then 'see you later'"* (Edge, 2011).

## 3.1 Cultural insensitivity, institutional racism

Studies has shown that women from minority ethnic backgrounds often felt uncomfortable discussing issues with male practitioners due to cultural beliefs but have had to be seen by male practitioner. These women also expressed heightened vulnerability to discriminatory attitudes from healthcare professionals (HCPs) and the broader community, stemming from cultural norms and societal expectations (Edge, 2011; Wittkowski et al., 2011). A study also highlights that such disparities in treatment affected the standard of care received by women belonging to the minority ethnic population (Maclellan et al., 2022). One Pakistani woman stated, "In Pakistan we only saw lady professionals, but here you don't have a choice, you must see the men as well otherwise you don't get to see a doctor. My husband is always at work so he can't come with me, I feel very uncomfortable" (Wittkowski et al., 2011)

## 3.2 Fragmented system

Healthcare professionals indicated that disjointed services created issues with multidisciplinary interactions among professional groups, thereby limiting access to care for women with perinatal mental illness (PMI) (Smith et al., 2019). Additionally, women experienced difficulties in identifying the appropriate healthcare provider for postnatal depression (PND) services (Wittkowski et al., 2011). One woman with PND expressed her frustration: "My GP says go to the HV and HV says go to GP. I don't know what to do, I need help, don't know where to go, or who to turn to" (Wittkowski et al., 2011).

## 4. Structural level

### 4.1 Uncertain policies

Some studies have highlighted the need for explicit policy implementation including the adoption of proper evaluation instruments for PMI diagnosis to address challenges in accessing mental health services (MHS) for women with perinatal mental illness (PMI) (Smith et al., 2019). However, the inadequate application of these tools

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by healthcare professionals generated negative perceptions among women. These perceptions included viewing evaluations as mere tick-box exercises, finding them conducted at inconvenient times, and feeling that results did not accurately reflect their PMI experiences. One healthcare visitor expressed an ethical dilemma: “In an ideal world we’d want to pick them up and then offer them more support, but we can’t do that. So, there’s almost this ethical dilemma of ‘*Is there any point in identifying them if you can’t do anything with them other than send them to the GP for antidepressants, which isn’t good, you know?*’” (Smith et al., 2019).

## Discussion

The present study revealed that women experiencing perinatal mental illness encounter various obstacles across four distinct levels and as a result of these obstacles, mental illness during the perinatal period often goes unaddressed. The circumstances can exert a substantial adverse influence on maternal health, the well-being of their offspring, the partner's health, the extended family, and the broader societal context. Insufficient understanding of perinatal mental health (PNMH) among healthcare professionals (HCPs), women, and their families has resulted in inadequate identification of symptoms, delayed referrals, and ambiguity regarding the responsibilities of the health visitors.

Access, rather than utilization of perinatal mental healthcare service, was highlighted as a problem in a population-based study in England (Jankovic et al., 2020), but it could be argued that there is a connection between the two as barriers to access to these services could result in underutilization. Experiences described by women in this study who have accessed care for perinatal mental health issues mostly highlighted poor attitudes, stigma, and cultural insensitivity from HCPs. Many women also expressed communication failures with HCPs due to limited English proficiency. This was reported by women mostly from the Asian population (Wittowski et al., 2011). While English language proficiency was not an issue, especially for Black Caribbean women, this group reported poor physical care, lack of compassion, discrimination, and institutional racism from HCPs, leading to

mistrust, lack of engagement, or disengagement from mental health services (Edge, 2011).

Some of the women did have favourable encounters, although it varied by where their treatment was provided (community vs. hospital). To provide holistic and non-judgmental care and support, delivered by empathetic professionals who focus on mothers' and children's needs rather than solely on the latter's, some of these women suggested a community-based, multi-agency, women-centered approach as their 'ideal service' model. Others have expressed sympathy for the personnel, attributing negative experiences to the high volume of work and inadequate resources (Edge, 2011).

Several women also attributed positive experiences to having healthcare professionals from their cultural backgrounds, as it was reported to be easier to confide in them. However, another group of women in this study argued that the shared cultural background could act as a barrier, as it could come with judgment, stating that it had more to do with the kindness and level of cultural flexibility of the practitioner (Conneely et al., 2023).

A study reported that women who overcame sociocultural and individual level barriers, however, encountered organizational challenges at the service level that impeded their capacity to benefit from the services. These services were described as disorganized, opaque, and inconsistent, with little or no follow-ups, long wait times, and referral processes. This implies that a better understanding of the referral process and the roles played within it is also necessary to increase service accessibility (Smith et al., 2019). Furthermore, health care professional reported that organizational issues such as a lack of training, preparation, and overloaded clinics impacted the quality of care provided to perinatal women, resulting in missed opportunities for identification, screening, and referrals for mental health treatment (Smith et al., 2019). One prominent topic identified among healthcare professionals (HCPs) was the necessity of establishing more explicit policies aimed at mitigating potential obstacles that hinder women with perinatal mental illness (PMI) from receiving mental health services (MHS). The literature

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examines policies that emphasize the importance of employing suitable evaluation instruments for the identification of PMI (Smith et al., 2019).

The accumulated findings from the examined studies and articles highlight the significance of access to community mental health services, peer support, HCPs training, and the importance of applying a culture-centric approach towards overcoming these barriers, as well as the implementation of existing policies. The importance of implementation of these existing guidelines cannot be overemphasized, especially in areas such as trainings for health care professional, trainings in service user engagement, culture safety, as well as a coordinated multiagency/multidisciplinary approach. This highlights the importance of translating existing policies and guidelines into tangible actions that have a direct impact on the quality of care provided to women during the perinatal period.

The culture-centric approach would involve enhancing cultural competency specific to PMH and prioritizing personalized care that considers the unique needs and cultural backgrounds of women during the perinatal period. It emphasizes fostering a supportive and empowering environment where these needs and preferences are respected. Also, receiving care and support in a mixed ethnic group ensures the importance of adopting a collaborative community-based model of care that aligns with the practices and views of diverse ethnic groups. These interventions are in line with existing literature (Pilav et al., 2022; Gardner et al., 2014; Conneely et al., 2023; Edge, 2011; Thomson et al., 2022; Ling et al., 2022; MacLellan, 2022; Darwin et al., 2022). It is believed that these issues in this research population should be addressed thoroughly, as they may eventually lead to unfavourable health consequences and even death.

## Study limitations

This research offers a comprehensive critical analysis of various women from minority ethnic groups in the United Kingdom and provides more insight into how women need to be supported by services. It identifies characteristics of service organization and provisions for correcting inequities. Due to the paucity of research in these areas, there may still be unexplained barriers,

particularly those at systemic and institutional levels. It is important to note that the selected studies did not differentiate between women born in the UK and those who had migrant status. It wasn't reported if the interviewers in included studies were from any of the minority ethnic groups, which could lead to the assumption on the part of the women that they couldn't relate to the challenges. Lastly, only articles in the English language were selected.

## Conclusion

The United Kingdom's policies have emphasized perinatal mental health's importance, yet it remains a significant public health issue, particularly among minority ethnic populations. The study revealed various factors affecting the accessibility of Perinatal Mental Health Services (PMHS) for minority ethnic women experiencing Perinatal Mental Illness (PMI). It is crucial to address these barriers at individual, organizational, social, and structural levels to achieve the aims outlined in the 'Five Year Forward View for Mental Health'. Recommendations highlight the need for implementing strategies to tackle these challenges, including improving access to community mental health services, enhancing peer support, providing training for healthcare professionals, adopting a culture-centric approach, and enforcing existing legislation.

In summary, addressing the accessibility of PMHS for minority ethnic women experiencing PMI is imperative to improve overall perinatal mental health outcomes. Effective strategies should encompass individual, organizational, social, and structural aspects, as recommended by the findings. By implementing these recommendations, the United Kingdom can work towards achieving its goals outlined in the 'Five Year Forward View for Mental Health' and ensure equitable access to perinatal mental health services for all women.

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