MATERNAL MENTAL HEALTH

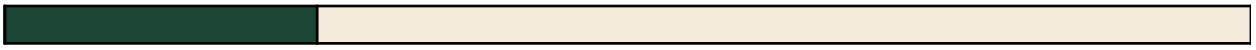
WITHIN SOUTH ASIAN COMMUNITIES

TEA & CHAT • 26 JANUARY 2026

Ethnicity of Participants – 43 Attendees

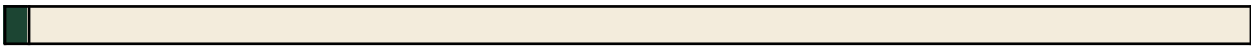
Pakistani 70%

Indian 25%



White British 3%

Afro Caribbean 2%



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Led by Jill Davies & Nasrin Ali
Location: Pearls Tearoom
Time: 6:00pm – 8:00pm
Attendance: 43 women

About the Session

This session was co-led by Jill Davies and Nasrin Ali, who brought together clinical and community perspectives on maternal mental health and led an open, non-judgemental conversation with the women present.

Session Overview

Breaking the Silence

The January Tea & Chat focused on maternal mental health in South Asian communities, and on how shame and silence around the subject can be replaced with openness and mutual support. The session opened with a show of hands: many of the women present said they had experienced, or knew someone who had experienced, mental health difficulties during pregnancy. Far fewer hands went up when the same question was asked about men.

The Local and National Picture

Figures shared for Bradford suggested that one in four women are affected by mental health difficulties during pregnancy, compared with one in ten men; one in five experience pre-eclampsia, and a significant proportion are affected by diabetes in pregnancy. These figures were shared as reported during the session and have not been independently verified for this write-up.

Nationally, review data referred to during the session, described as the Embrace report, recorded 88 maternal suicides between 2021 and 2023. Locally, Bradford recorded seven maternal suicides between 2020 and 2024: one during pregnancy and six in the postnatal period, among them three Pakistani women, two White British women and one White European woman. The group reflected that these deaths are rarely discussed openly, and that many were preceded by missed opportunities: sudden changes in mental state that went unnoticed, or were not asked about clearly enough by health professionals, within services not always attuned to cultural context.

Why Women Don't Come Forward

Several reasons for this silence surfaced during the discussion: a stigma that treats mental illness as something to be hidden rather than addressed, family reluctance to talk openly even where support exists at home, and a lack of culturally appropriate care within existing services. Women spoke of how difficult experiences can be inherited rather than broken: a mother-in-law who was never supported herself may, without meaning to, discourage her daughter or daughter-in-law from seeking help. Several women called for imams to speak on the subject directly, arguing that hearing it from a trusted male voice could open the conversation to husbands, fathers and sons in a way women speaking alone cannot always achieve.

Understanding the Risk Factors

The facilitators outlined some of the factors that can affect a woman's mental health after childbirth: hormonal changes that can persist for up to a year after birth, genetic predisposition, which can increase the risk of postpartum psychosis, disrupted sleep, and the adjustment to a changed relationship with a partner and, where relevant, to caring for more than one child. Previous experience of trauma was also raised as a significant factor, one that can resurface unexpectedly during this period.

One woman described a further, less visible harm: a partner using the language of postnatal depression to dismiss her tiredness or stress and suggest she was losing her mind. She was clear that this should be recognised as a misuse of a genuine diagnosis, not treated as evidence against women who raise it.

Removing the Fear from Asking for Help

A recurring concern was fear of Children's Services, and the assumption that admitting to a mental health difficulty could result in a child being removed. The group was reassured that this is only ever considered in the most serious of circumstances, and that mental health support is intended to help a family stay together and improve, not to break it apart. Facilitators emphasised the importance of honesty when accessing support, whether the underlying difficulty is financial, emotional or both, since services can only help with what they are told.

Recognising the Signs

Attendees were encouraged to look out for changes in those around them: withdrawal, reduced eye contact, difficulty engaging with others, or visible struggles to bond with a new baby. Early recognition, the group agreed, depends on people nearby noticing these changes and feeling able to ask directly, rather than assuming all is well.

Building Better Support

The session closed on a practical note. New antenatal classes and drop-in sessions are becoming available locally as building work at the hospital nears completion, and the group discussed plans to host a Ramadan iftar on the maternity ward, including a prayer space, food and a welcome pack, so that new mothers do not feel disconnected from their community and faith at such an important time.

There was a strong shared view that antenatal preparation needs to go beyond the practicalities of birth and breastfeeding. Women called for classes that also address the emotional and relational side of early motherhood: how hormones and mood may shift, how a marriage or partnership may need to adapt, and how to approach these conversations with a partner and family in advance, so that expectations are shared rather than assumed. As more than one woman put it, becoming a mother should not mean losing sight of who you are.

This was a deep, and deeply needed, conversation, and one the group agreed must continue beyond a single session.

If you have been affected by any of the issues raised in this report, support is available from your GP or health visitor, or from organisations including PANDAS Foundation, which specialises in perinatal mental illness, and Samaritans, free any time on 116 123.

Report created by the Tea & Chat participants
supported by the MWC Team

MUSLIM WOMEN'S COUNCIL

COMMUNITY FUND