

Equality Impact Assessment (EQIA)

**August 2022**



|  |  |
| --- | --- |
| **Name** (policy/ procedure/ practice/ function) | SIGN Guideline on Perinatal Mental Health Disorders |
| **Directorate** | Evidence |
| **Team** | SIGN |
| **EQIA Lead** | Ailsa Stein |
| **Responsible Manager** | Roberta James |
| **Date** | 3 August 2022 |

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# Background

For all new or revised work, Healthcare Improvement Scotland has a legal requirement under the [Public Sector Equality Duty](https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty) to actively consider the need to:

* Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents).
* Advance equality of opportunity between people who share a [protected characteristic](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics) and those who do not.
* Foster good relations between people who share a protected characteristic and those who do not.

Additionally:

* We give consideration to the principles of the [Fairer Scotland Duty](https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/fairer-scotland-duty) by aiming to reduce inequalities of outcome that are based on socio-economic disadvantage.
* If the work will have a specific impact or relevance for children up to the age of 18, its impact on [children’s human rights and wellbeing](https://www.gov.scot/collections/childrens-rights-and-wellbeing-impact-assessments-guidance/) should be independently assessed.
* As the Children and Young People (Scotland) Act 2014 names Healthcare Improvement Scotland as a corporate parent, we must consider the needs of young people who have experienced care arrangements, and young people up to the age of 26 who are transitioning out of these arrangements.
* If the work is relevant to islands communities as well as mainland communities, any specific [impacts on islands communities](https://www.gov.scot/publications/island-communities-impact-assessments-guidance-toolkit/) should be assessed.

This template is designed to guide teams through assessing the impact of their work. A team should begin this assessment as soon as they start planning a new piece of work or revising an existing piece of work. A team might use this template solely as a planning tool, or keep it as a live document to review and update as the work progresses.

# 2. EQIA overview

Use this section to provide details about the status **(new or existing)** of the work (which could be policy/practice/procedure/function) and provide an outline of the proposal including **aims** and **outcomes**. Please note all tables within this template are expandable.

|  |  |  |
| --- | --- | --- |
| Status | New | Existing |
| Aim(s)  Intended Outcome(s) | To develop evidence-based guidance to improve practice in preventing and treating people with perinatal mental health disorders.  To support health boards in Scotland to offer equitable access to the best evidence-based care for people with perinatal mental health disorders. | |

|  |  |  |
| --- | --- | --- |
| Is there specific relevance for children and young people? | Yes | No |
| Are island communities included in the work? | Yes | No |

# 3. Advancing equality

Provide details of how the work will impact **positively**, **negatively** or **neutrally** on people who share the characteristics listed below.

It will be helpful to consider any access issues, health inequalities or experiences of discrimination that might impact these groups within your area of work. It will also be helpful to think about human rights and whether these will be impacted for any group. Our rights are described in the [Human Rights Act](https://www.equalityhumanrights.com/en/human-rights/human-rights-act). Some groups are also protected by specific conventions, which are highlighted for your information in the relevant sections below.

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The focus of the review is the impact of perinatal mental health disorders, and perinatal health services, on people in the protected groups. The evidence will be used to inform the remit of the guideline, which aims to provide recommendations on improved care.

|  |  |  |
| --- | --- | --- |
| Image result for family icon png | **Age** | Think about people from different age groups. Will the work affect specific age groups, including in particular ways?  If children are specifically affected, use a Children’s Rights and Wellbeing Impact Assessment to provide more information.  [Convention on the Rights of the Child](https://cypcs.org.uk/rights/uncrc/) |
| Positive impact | |  |
| Negative impact | | Parents experiencing mental health disorders can impact on their parent-child bonding and the child’s development and mental health.1 Providing support for parents can improve relationships with their child.  Analysis of results of national maternity surveys from England and Northern Ireland found that self-reported rates of postnatal depression were highest amongst women over the age of 40 (OR 1.8; 95% CI 1.2-2.8).2  Data from the United Kingdom shows that 15-19 year olds are at higher risk of postnatal depression, anxiety and psychosis than women overall.3,4  Studies from the United States have reported that adolescent mothers are at increased risk of perinatal mood and anxiety disorders. They present with similar symptoms their adult counterparts, but also experience isolation from their peer group, a lack of social support, resources and coping strategies.5,6 Teenager mothers also experience higher levels of parenting stress and face challenges around the physical, emotional and financial pressures of being a parent.6,7  A history of childhood sexual abuse is significantly associated with perinatal depression and anxiety.8 |
| Neutral impact | |  |

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| --- | --- | --- |
| noun_care_2152472 | **Care Experience** | Think about children and young people up to the age of 26 who have experience of being in care. Care can include foster care/supported care, kinship care, residential care, or being looked after at home with the support of a supervision order.  Healthcare Improvement Scotland is named as a corporate parent under the [Children and Young People (Scotland) Act 2014](https://www.legislation.gov.uk/asp/2014/8/contents/enacted). You can find information and working examples of what this means for us in our [Children’s Rights Report](http://www.healthcareimprovementscotland.org/previous_resources/policy_and_strategy/childrens_rights_2017-2020.aspx) or by speaking to a member of our [Children and Young People Working Group](http://thesource.nhsqis.scot.nhs.uk/our-organisation/Pages/Children-and-Young-People-Working-Group.aspx) about our [Corporate Parenting Action Plan](http://www.healthcareimprovementscotland.org/previous_resources/policy_and_strategy/corporate_parenting_plan.aspx). |
| Positive impact | |  |
| Negative impact | |  |
| Neutral impact | | No specific evidence identified, but lack of social or family support is associated with increased risk of postpartum depression *(see sections on age, race, marriage and sexual orientation)*. |

|  |  |  |
| --- | --- | --- |
| Image result for wheelchair png | **Disability** | Think about people with sensory impairments, communication difficulties, learning disabilities, physical impairments, sensory impairments like sight or hearing loss, energy impairments, autism spectrum disorder, mental health conditions and cancer. Think also about Deaf users of British Sign Language. You might also consider unpaid carers here.  [Convention on the Rights of Person with Disabilities](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html) |
| Positive impact | |  |
| Negative | | Pharmacological therapies for the treatment of pregnant women with perinatal mental health disorders may have an iatrogenic impact on the baby.  A Norwegian study found that women with epilepsy had peripartum depression (26.7%) or anxiety (22.4%) more often than women without epilepsy (18.9% and 14.8%, respectively), and women with other chronic diseases (23.1% and 18.4%, respectively). They were less likely to be treated with antidepressive drugs during pregnancy than women without epilepsy. One of the risks factors was high seizure rates.9  A study from the United States concluded that women with disabilities are at increase of stressful life events, which leads to increased risk of postpartum depression.10 |
| Neutral impact | |  |

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| --- | --- | --- |
| Image result for gender reassignment png | **Gender Reassignment** | Think about trans / transgender people - anyone whose gender does not match the sex they were assigned at birth. |
| Positive impact | |  |
| Negative impact | |  |
| Neutral impact | | No evidence identified, but gestational fathers may be affected by perinatal mental health disorders. |

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| --- | --- | --- |
| Image result for marriage icon png | **Marriage & Civil Partnership** | Are there any implications for people who are married or in a civil partnership? |
| Positive impact | |  |
| Negative impact | | Analysis of results of national maternity surveys from England and Northern Ireland found that self-reported rates of postpartum depression were higher amongst women living without a partner (OR 1.7; 95% CI 1.3-2.2).2  Exposure to domestic violence is a risk factor for perinatal depression.11 |
| Neutral impact | |  |

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| --- | --- | --- |
| Related image | **Pregnancy & Maternity** | Think about people who are pregnant, breast-feeding or who recently gave birth. |
| Positive impact | | Topic is specific to the perinatal period. |
| Negative impact | |  |
| Neutral impact | |  |

|  |  |  |
| --- | --- | --- |
| **Image result for race ethnicity icon png** | **Race** | Think about people from the diversity of minority ethnic communities. This includes gypsy/travelers. Are there health inequalities or access barriers that should be considered and addressed?  [Convention on the Elimination of all forms of Racial Discrimination](https://www.ohchr.org/en/professionalinterest/pages/cerd.aspx) |
| Positive impact | |  |
| Negative impact | | Analysis of results of national maternity surveys from England and Northern Ireland found that self-reported rates of postpartum depression were higher amongst women from minority ethnic backgrounds (OR 1.4; 95% CI 1.1-1.9).2  A systematic review of UK studies into screening for perinatal mental health disorders in primary care found that Asian women were less likely to be asked about mental health history or have a mental health disorder identified.12 Midwives, health visitors and other non-GP health professionals identified cultural factors and translation barriers to care.12,13 In women identified as having a mental health disorder in the antenatal period, Asian and Black women were less likely to be offered treatment, and Asian women were less likely to receive support or advice, compared to White women. In the postnatal period, Asian women were less likely to receive treatment than White women. GPs reported that cultural or translation factors could undermine the effectiveness of written resources used to support informed treatment discussions.12  A qualitative studies identified barriers to accessing health services for women from minority ethnic backgrounds due to family and cultural expectations and beliefs around motherhood, and the importance of healthcare professionals understanding cultural differences.14,15  Women who have been refugees and resettled in another country are at higher risk of developing postpartum depression. This is due to previous trauma, difficulties resettling, less social or family support and cultural and language barriers when accessing healthcare.16-21  Inequality in maternal morbidity and mortality is recognised across a number of socioeconomic indicators, with black women and those from minority ethnic groups being at significantly greater risk of maternal death.22 The Perinatal Quality Network benchmarking data highlights that minoritised and racialised groups are less likely to be referred to community mental health services and more likely to receive inpatient care under the Mental Health Act.23 |
| Neutral impact | |  |

|  |  |  |
| --- | --- | --- |
| **Image result for multi faith png** | **Religion or Belief** | Think about people who follow particular religions, or none. For example: Judaism, Islam, Sikhism, Christianity etc. Are there particular beliefs or practices that are assumed or that may be impacted? |
| Positive impact | |  |
| Negative impact | |  |
| Neutral impact | | No specific evidence identified – see section on race. |

|  |  |  |
| --- | --- | --- |
| Image result for gender equality png | **Sex** | Think about any differences for women compared to men, or vice versa.  [Convention on the Elimination of all forms of Discrimination Against Women](https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx) |
| Positive impact | |  |
| Negative impact | | Systematic reviews found that fathers are at risk of postpartum depression, particularly if there is a history of paternal mental illness, maternal depression, and psychosocial factors, such as financial instability, lack of support and low parenting self efficacy.24-26 Prevalence ranges from 1.2% to 25.5% in a meta-analysis of international studies.26 |
| Neutral impact | |  |

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| --- | --- | --- |
|  | **Sexual Orientation** | Think about people who are lesbian, gay or bi or who have another minority sexual orientation (e.g. are not heterosexual / straight). Are there health inequalities or access barriers that should be considered and addressed? |
| Positive impact | |  |
| Negative impact | | A study of women who identify as lesbian, bisexual or queer, from the United States and Australia, found a third of the 194 participants experienced perinatal depression. Risk factors included concern about disclosing their sexual orientation, and a lack of support from their partner or family.27  COPE identified evidence that suggests that many LGBTQI+ people, especially transgender people, avoid or delay healthcare or do not disclose to avoid discrimination, resulting in poorer health outcomes.28 |
| Neutral impact | |  |

|  |  |  |
| --- | --- | --- |
| Image result for british pound png | **Socio-economic** | Think about people living on low incomes and / or in deprived areas. Consider this as a cross-cutting issue since people from some protected characteristic groups are more likely than the general population to experience poverty. |
| Positive impact | | A qualitative study found that pregnancy offers an opportunity to address care needs in homeless women who may have experienced violence, trauma, mental illness or substance abuse which can increase risk to postnatal depression. They have complex needs and a fear of child loss to social services may cause reluctance to access postnatal services, and a relapse of previous mental illness. |
| Negative impact | | Studies have shown that adverse childhood experiences, a low level of support in close relationships, poor socioeconomic status and low household income are associated significantly with postpartum depression.4,29,30 |
| Neutral impact | | A systematic review of UK studies into screening for perinatal mental health disorders in primary care found that women in the most deprived Indices of multiple deprivation (IMD) quintile were more likely to be asked about family mental health history. However, in the postnatal period, women who had left education before the age of 19 and those living the most deprived quintile were less likely to be asked about their mental health.12 Antenatally, women who left school before the age of 17 and in the most deprived IMD quintile were less likely to receive support, but more likely to receive advice and treatment postnatally.12 |

|  |  |  |
| --- | --- | --- |
| C:\Users\RosalindT\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\9I8QJIHV\Island icon-03.png | **Island communities** | Think about people living on the Scottish islands. Does the work cover the islands as well as the mainland? What might be different for island communities? |
| Positive impact | |  |
| Negative impact | |  |
| Neutral impact | | A study comparing women in urban and rural areas of the North of England found that those in rural areas were at increased risk of perinatal depression and anxiety, although this was not statistically significant when adjusted for socioeconomic and perinatal stage.31 |

4. Overcoming negative impacts

Where it has been identified that the work has potential to adversely affect people who share one of the characteristics noted, or you think there are certain things you will need to do to ensure all relevant groups benefit equitably, provide details of what you will do to improve outcomes.

| Protected characteristic | | Actions | Person responsible |
| --- | --- | --- | --- |
| All characteristics | | The guideline will address therapies to support people experiencing perinatal mental health disorders. Remit to consider risk factors identified in section 3, to support recognition of people at risk of developing a perinatal mental health disorder. | Guideline development group |
| Image result for family icon png | Age | Age to be considered as a risk factor.  Remit to include parent-infant interventions.  Consider support needs specific to adolescent parents. | Guideline development group |
| C:\Users\richardmc\AppData\Local\Microsoft\Windows\INetCache\Content.Word\noun_care_2152472.png | Care experience |  |  |
| Image result for wheelchair png | Disability | Consider the impact of disabilities when developing recommendations. |  |
| Image result for gender reassignment png | Gender reassignment | Consider gestational fathers when developing recommendations. | Guideline development group |
| Image result for marriage icon png | Marriage/civil partnership | Highlight that domestic violence is a risk factor for perinatal depression. | Guideline development group |
| Related image | Pregnancy and maternity |  |  |
| Image result for race ethnicity icon png | Race | Consider the needs of different ethnic minority groups when making recommendations, and developing further information for people with lived experience and their families. | Guideline development group  Patient Involvement Officer |
| Image result for multi faith png | Religion or belief |  |  |
| Image result for gender equality png | Sex | Include family interventions in the remit, to improve support for both parents. |  |
|  | Sexual orientation | Consider the needs of parents who identify as lesbian, gay, bisexual, transsexual or queer (LGBTQ+) when producing recommendations. | Guideline development group |
| Image result for british pound png | Socio-economic | Socioeconomic factors to be considered as risk factors. | Guideline development group |
| C:\Users\RosalindT\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\9I8QJIHV\Island icon-03.png | Island communities | Consider impact/practicalities of support, service delivery and attendance at appointments for people living in rural or island communities when making recommendations. | Guideline development group. |

5. Impact rating

Considering what you said in sections 3 and 4, provide an impact rating based on the degree to which the work may negatively impact on people who share one of the noted characteristics.

## Impact Rating Key

Low

There is little or no evidence that some people are (or could be) differently affected by the work.

Medium

There is some evidence that people are (or could be) differently affected by the work.

High

There is substantial evidence that people are (or could be) differently affected by the work.

| Protected Characteristic | | Low | Medium | High | |
| --- | --- | --- | --- | --- | --- |
| Image result for family icon png | Age | x |  |  | |
| C:\Users\richardmc\AppData\Local\Microsoft\Windows\INetCache\Content.Word\noun_care_2152472.png | Care Experience | x |  |  | |
| Image result for wheelchair png | Disability | x |  |  | |
| Image result for gender reassignment png | Gender reassignment | x |  |  | |
| Image result for marriage icon png | Marriage/Civil Partnership | x |  |  | |
| Related image | Pregnancy & Maternity | x |  |  | |
| Image result for race ethnicity icon png | Race | x |  |  | |
| Image result for multi faith png | Religion or Belief | xx |  |  | |
| Image result for gender equality png | Sex |  |  |  | |
|  | Sexual Orientation | xx |  |  | |
| Image result for british pound png | Socio-economic |  |  |  | |
| C:\Users\RosalindT\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\9I8QJIHV\Island icon-03.png | Island communities | x | | |  |

6. Stakeholder collaboration

For information on stakeholder involvement, see the full guideline and the Perinatal consultation report on the sign website: [www.sign.ac.uk/our-guidelines/perinatal-mental-health](http://www.sign.ac.uk/our-guidelines/perinatal-mental-health)

7. Monitor and review

Regular reviews ensure that policy, procedure and practice is kept up to date, and meets the requirements of current equality legislation. Where a negative impact has been identified and remedial actions are being implemented, the person leading the work should define a timescale for review.

|  |  |  |
| --- | --- | --- |
| Identified issue | Person responsible | Review date |
|  |  |  |
|  |  |  |
|  |  |  |

8. Evidence and research

|  |  |
| --- | --- |
| Evidence & Research | Image result for attachment png |
| References:  1 Alway Y, Spry E, Romaniuk H, Olsson C, Patton G. Preconception common mental disorder and maternal-infant bonding problems: A prospective cohort study from adolescence. Archives of Women's Mental Health 2020;23(2):283.  2 Alderdice F. Identifying postnatal depression: Comparison of self-reported depression using a single item with Edinburgh Postnatal Depression Scale scores. Archives of Women's Mental Health 2019;22(5):658-9.  3 Swift ER, Pierce M, Hope H, Osam CS, Abel KM. Young women are the most vulnerable to postpartum mental illness: A retrospective cohort study in UK primary care. Journal of Affective Disorders 2020;277:218-24.  4 Petersen I, Peltola T, Kaski S, Walters KR, Hardoon S. Depression, depressive symptoms and treatments in women who have recently given birth: UK cohort study. BMJ Open 2018;8(10):e022152.  5 Hughes LP, Austin-Ketch T, Volpe EM, Campbell-Heider N. Identification and Treatment of Adolescents With Perinatal Anxiety and Depression. Journal of Psychosocial Nursing & Mental Health Services 2017;55(6):23-9.  6 Clare CA, Yeh J. Postpartum depression in special populations: a review. Obstetrical & Gynecological Survey 2012;67(5):313-23.  7 Hymas R, Girard LC. Predicting postpartum depression among adolescent mothers: A systematic review of risk. Journal of Affective Disorders 2019;246:873-85.  8 Akinbode Tanitoluwa D, Pedersen C, Lara-Cinisomo S. The Price of Pre-adolescent Abuse: Effects of Sexual Abuse on Perinatal Depression and Anxiety. Maternal and Child Health Journal 2021;25(7):1083-93.  9 Bjork MH, Veiby G, Reiter SC, Berle JO, Daltveit AK, Spigset O, et al. Depression and anxiety in women with epilepsy during pregnancy and after delivery: a prospective population-based cohort study on frequency, risk factors, medication, and prognosis. Epilepsia 2015;56(1):28-39.  10 Booth E, Kitsantas P. Stressful Life Events and Postpartum Depression in Women with Disabilities. Annals of Epidemiology 2020;52:103.  11 Ankerstjerne LBS, Laizer SN, Andreasen K, Normann AK, Wu C, Linde DS, et al. Landscaping the evidence of intimate partner violence and postpartum depression: a systematic review. BMJ Open 2022;12(5):e051426.  12 Prady SL, Endacott C, Dickerson J, Bywater TJ, Blower SL. Inequalities in the identification and management of common mental disorders in the perinatal period: An equity focused re-analysis of a systematic review. PLoS One 2021;16(3).  13 Aquino MR, Edge D, Smith DM. Pregnancy as an ideal time for intervention to address the complex needs of black and minority ethnic women: views of British midwives. Midwifery 2015;31(3):373-9.  14 Pilav S, De Backer K, Easter A, Silverio SA, Sundaresh S, Roberts S, et al. A qualitative study of minority ethnic women's experiences of access to and engagement with perinatal mental health care. BMC Pregnancy Childbirth 2022;22(1):421.  15 Watson H, Harrop D, Walton E, Young A, Soltani H. A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. PLoS One 2019;14(1):e0210587.  16 Ahmed A, Bowen A, Feng CX. Maternal depression in Syrian refugee women recently moved to Canada: A preliminary study. BMC Pregnancy and Childbirth 2017;17(1) (no pagination).  17 Almeida LM, Costa-Santos C, Caldas JP, Dias S, Ayres-de-Campos D. The impact of migration on women's mental health in the postpartum period. Revista de Saude Publica 2016;50:27.  18 Schmied V, Black E, Naidoo N, Dahlen HG, Liamputtong P. Migrant women's experiences, meanings and ways of dealing with postnatal depression: A meta-ethnographic study. PLoS ONE [Electronic Resource] 2017;12(3):e0172385.  19 Skoog M, Berggren V, Hallstrom IK. 'Happy that someone cared'-Non-native-speaking immigrant mothers' experiences of participating in screening for postpartum depression in the Swedish child health services. Journal of Child Health Care 2019;23(1):118-30.  20 Tobin CL, Di Napoli P, Beck CT. Refugee and Immigrant Women's Experience of Postpartum Depression: A Meta-Synthesis. Journal of Transcultural Nursing 2018;29(1):84-100.  21 Wittkowski A, Patel S, Fox JR. The Experience of Postnatal Depression in Immigrant Mothers Living in Western Countries: A Meta-Synthesis. Clinical Psychology & Psychotherapy 2017;24(2):411-27.  22 Knight M BK, Patel R. Saving Lives, Improving Mothers’ Care Core Report–Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20. Oxford: National Perinatal Epidemiology Unit, University of Oxford; 2022. Available from url: saving-lives-improving-mothers-care-mbrrace-uk-report-2015.pdf (hqip.org.uk)  23 Jankovic J, Parsons J, Jovanović N, Berrisford G, Copello A, Fazil Q, et al. Differences in access and utilisation of mental health services in the perinatal period for women from ethnic minorities—a population-based study. BMC Medicine 2020;18(1):245.  24 Ansari NS, Shah J, Dennis CL, Shah PS. Risk factors for postpartum depressive symptoms among fathers: A systematic review and meta-analysis. Acta Obstet Gynecol Scand 2021;100(7):1186-99.  25 Glasser S, Lerner-Geva L. Focus on fathers: paternal depression in the perinatal period. Perspectives in Public Health 2019;139(4):195-8.  26 Wang D, Li YL, Qiu D, Xiao SY. Factors Influencing Paternal Postpartum Depression: A Systematic Review and Meta-Analysis. Journal of Affective Disorders 2021;293:51-63.  27 Marsland S, Treyvaud K, Pepping CA. Prevalence and risk factors associated with perinatal depression in sexual minority women. Clin Psychol Psychother 2022;29(2):611-21.  28 HIghnet NJ and the Expert Working Group and Expert Subcommittees. Mental Health Care in the Perinatal Period: Australian Clinical Practice guideline. Melbourne: Centre of Perinatal Excellence (COPE); 2023. Available from url: <https://www.cope.org.au/health-professionals/health-professionals-3/review-of-new-perinatal-mental-health-guidelines/>  29 Kettunen P, Hintikka J. Psychosocial risk factors and treatment of new onset and recurrent depression during the post-partum period. Nordic Journal of Psychiatry 2017;71(5):355-61.  30 Leung BM, Letourneau NL, Giesbrecht GF, Ntanda H, Hart M, Team AP. Predictors of Postpartum Depression in Partnered Mothers and Fathers from a Longitudinal Cohort. Community Mental Health Journal 2017;53(4):420-31.  31 Ginja S, Jackson K, Newham JJ, Henderson EJ, Smart D, Lingam R. Rural-urban differences in the mental health of perinatal women: a UK-based cross-sectional study. BMC Pregnancy Childbirth 2020;20(1):464. |  |

9. EQIA sign off

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| Please return this completed EQIA to:  [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot) |

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| If you need any advice on completing this form, or any aspect of the Equality Impact Assessment process, please contact: [rosie.tyler-greig@nhs.scot](mailto:rosie.tyler-greig@nhs.scot) |

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| Project Lead | Roberta James, SIGN Programme Lead |
| Sign-Off Date |  |

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