

Chai with ROSHNI-2

- Regular drop-in sessions with South Asian community members.
- GPs and Health Visitors attended to discuss mental health over tea.
- Focused on normalising conversations and reducing stigma.
- Provided study information at the end of events.





Cultural competence and staff training

- Staff trained in cultural sensitivity and competence.
- Regular team discussions on cultural dynamics and respect.
- Raised awareness on cultural differences among non-BAME health professionals.



Social media engagement

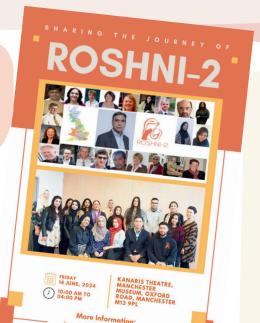
- Used platforms like Facebook, X (Twitter) and Instagram to share study information.
- Weekly updates and posts on maternal mental health.
- Produced promotional videos and posts to build community trust.
- Enabled potential participants to ask questions and express interest.





Family engagement

- Educated families on post-natal depression and health service support.
- Hosted family sit-downs to discuss group sessions and their importance.
- Strate. • Included family in the consent process to respect cultural dynamics.





Bilingual research assistants attended community centres and children's playgroups

- Service agreements with 3rd sector organizations.
- Trained community link workers to provide study information.
- Hosted events with families, key opinion makers and professionals.
- Aimed to tackle stigma and raise awareness



Language support

- Researchers fluent in English and key study languages (Urdu, Punjabi, Gujarati, Bengali, Tamil).
- Study materials translated into key languages.
- Participants could communicate in their preferred language.



- Liaised with leaders from Muslim, Hindu and Sikh communities.
- Faith leaders joined study advisory groups and shared study information at religious events.
- Included study information in sermons during Ramadhan.







