

Briefing: Maternal mental health workshop January 2023

Background

This briefing gives an overview of conversations from a workshop on 23rd January 2023 led by Ways to Wellness together with colleagues from the NIHR Applied Research Collaboration (ARC) North East and North Cumbria (NENC) and the Perinatal Mental Health Clinical Network team.

The workshop chaired by Professor Chris Drinkwater brought together clinicians, academics, link workers and social prescribing project leads, VCSE and charity infrastructure organisations, commissioners and health and care professionals across maternity and mental health to review evaluation activity in the North East and North Cumbria related to maternal mental health through two projects, Ways to Wellness-hosted VCSE Maternal Mental Health Services projectⁱ and Newcastle University's Designing Accessible Maternal Mental Health Services: The MaMS Study. The attendees on the day heard presentations from Lem Ngongalah (Newcastle University) and Ang Broadbridge (Ways to Wellness) before moving into breakout spaces. The lively conversations in breakout rooms reflected an appetite for collaborative working around maternal mental health and a desire to do more together and continue these conversations building on collaborations for the benefit of new mothers and families.

About the MaMS Study

The MaMS studyⁱⁱ which began in April 2021 aims to inform the design of maternal mental health services to make them more accessible to women experiencing socio-economic disadvantage in the North East and North Cumbria. While there are services available in the region to support new parents struggling with their mental health, not all those who need support are accessing these services. The project gathered insights from a range of stakeholders from various professional backgrounds including healthcare, voluntary and charity sectors and social enterprises to gain their perspectives on why maternal and mental health services are not reaching certain groups of women, and ways of better engaging with these women. Women experiencing various forms of deprivation were also interviewed to understand the barriers they face in accessing maternal mental health services, their views of current services and how they think services could be improved to make them more accessible. The findings from this project will provide valuable and practical insights that can inform the development of maternal mental health services that can better reach women living in deprivation and meet their needs.

About the VCSE Maternal Mental Health Services project

A new VCSE-hosted link worker prototype project was launched in the North East and North Cumbria (NENC) to support the development of the NHS pilot services for Maternal Mental Health Services (MMHS). The prototype project was developed in partnership with the NHS to support women on their pregnancy journey requiring community support to navigate services, maintain their health and access advice. The project, which began roll out in 2022, has created a collective of VCSE partners working in tandem with NHS services to understand the preventative help and support women and birthing people require when they experience trauma, loss and fear relating to the birthing or maternity experience.

The prototypes in Sunderland, North Cumbria, South Tees and Northumberland are designed to support women with mild to moderate mental health needs in pregnancy and to babies' second birthday and complement the NHS MMHS support for women specifically targeting support to women and birthing people experiencing moderate to severe psychological difficulties related to pregnancy, childbirth or child loss.

Key discussion points to emerge from the presentations and subsequent breakout spaces:

- **A strong fit between MaMs Study findings and prototype model**
 - **Definitions and understandings of mental health**
 - **Opportunities to build on the prototype model**
 - **Linking with Family Hub developments**
 - **Risk management and learning from developing new services**
 - **Data sharing and using system intelligence to explore targeted interventions**
 - **Funding and commissioning: doing something different**
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- **A strong fit between MaMs Study findings and prototype model – ‘the village’**

There was a good fit between the findings of the MaMs Study and early findings from the social prescribing link worker prototypes; it was agreed that the model the prototypes are developing is both meeting the needs of mothers with mild to moderate mental health needs and appears to be a complementary service with the potential to reduce the demand on midwifery and connected services. Attendees referenced the adage ‘it takes a village to raise a child’ and the prototypes are beginning to bring this village to life for families.

- **Definitions and understandings of mental health**

There are different definitions and understandings of mental health across the statutory and VCSE sectors and mental health means different things to different parts of the system. Referrals to link workers may or may not be to support people with a diagnosed mental health issue, the support is non-clinical, holistic and centred around ‘what matters to me’ and so even if the person being referred does not have a diagnosed mental health need the practical support link workers offer has holistic outcomes (including and not limited to increased confidence, reduced social isolation and loneliness, increased social networks)

Opportunities to build on the prototype model

It's not just about mothers and babies, lots of the interventions described apply to the whole family and so there is an opportunity to think about how link worker support might extend to fathers, partners and wider family.

These interventions target shorter term issues, but touch on longer term issues i.e. employability, financial independence, are there opportunities to work with the wider system i.e. DWP, link this work to Family Hub developments.

The maternal mental health link worker prototype model works because of collaborative working with VCSE and statutory services, builds on pre-existing organisational relationships, lots of VCSE organisations are now employing link workers, and there is a growing network of PCN-based link workers, and has had co-production as a golden thread.

As the prototypes develop they are working towards building new peer support groups, or bringing together a range of community groups, or co-producing new courses through Recovery Colleges, bringing in community practices and ideas in to clinical services. The health sector does not necessarily carry budget for community or engagement work, hiring community spaces etc, the prototypes are working with existing resources where possible, and introducing new resource where there are gaps.

Linking with Family Hub developments

Transforming Mental Health is creating new mental health Hubs, and Family Hub developments are being taken forward by a number of local authorities. How can and will these link with the VCSE and what can we learn from providers who are successful at outreach to ensure that different people can be reached in inclusive ways?

Risk management and learning from developing new services

Although working with mild to moderate mental health needs the prototypes are alive to the potential for the model to be extended to step up/step down support. These are new relationships in the sense that some VCSE organisations are new to working with maternity and perinatal services and this requires building trust between services and developing robust risk management plans.

NHS services want clear lines of engagement when working with the VCSE around risk management and an idea was raised about the statutory sector providing the scaffolding around VCSE risk management. Of course we recognised that these kinds of issues have a long history, by and large statutory organisations understand how VCSE mental health services work and there is trust and partnership that allows collaboration between sectors to support individuals, these are new relationships and these take time to develop. This seems to be being supported in the prototypes in evidence presented about the effectiveness of multi disciplinary teams involving link workers.

Data sharing and using system intelligence to explore targeted interventions

Data sharing and using intelligence within the system was noted as important, data records for IAPT services include a perinatal flag for example, so we can see the waiting list levels and explore potential for targeted interventions, we have seen through the prototypes that some women go on to not need specialist support as the practical support offered by the link worker has met their emotional needs, in other cases the link worker is preparing the mother to be ready for therapeutic support.

Funding and commissioning: doing something different

Participants referenced the flexibility, creativity, openness and honesty inherent in the way the prototypes have been developed – a test case for collaborative working in a complex area, developed at place but with regional functionalityⁱⁱⁱ, and a risk was taken to try something new - the value of inviting populations to contribute to how services are delivered was particularly highlighted as important.

We talked about funding and commissioning, how these kinds of models can be sustainable, and what can we learn from other commissions that could help us address sustainability and joint ownership/integration. Regarding workforce planning, delivery does not always need to be

clinical, there isn't the capacity within the local maternity system to meet the demand, it feels as though there is an opportunity to do something different.

It was agreed that these important conversations need to continue and so we outline our next steps below.

Next steps:

- We look forward to continuing these conversations in 2023, attendees valued the opportunity to come together in person, though we see a value in developing some short webinars on key topics
- We would like to invite you to join us for a follow up event **Wednesday 26th April 2023 from 1 – 4pm in Central Newcastle (venue TBC), if you would like to be sent information to sign up for our event please email ang.broadbridge@waystowellness.org.uk**

ⁱ The 'VCSE Maternal Mental Health Services Project' is led by Ways to Wellness, in partnership with the NHS, Voluntary Community and Social Enterprise sector (VCSE) organisations and Maternity Voices Partnerships. Funding is provided by the North East and North Cumbria Mental Health ICS and Perinatal Mental Health Clinical Network team, as part of the NHS England Maternal Mental Health Fast Follower programme.

ⁱⁱ The project is funded by the Local Maternity and Neonatal System and the Perinatal Mental Health Clinical Network.

ⁱⁱⁱ The prototypes have been developed at place but has uniquely brought together the four place based services with a single monitoring and evaluation framework, link worker learning community and central data dashboard