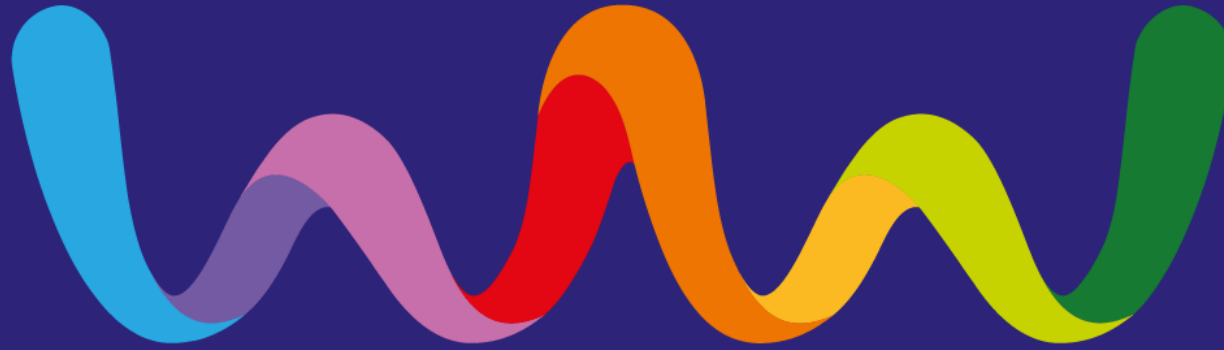




JH Research



Ways to Wellness

Interim Evaluation of Ways to Wellness
Maternal Mental Health Services Project

Juliette Hough, March 2023

The project

- ▶ A place-based prototype project 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
- ▶ 5 Link Workers in 4 areas, each based in a local VCSE organization: Mental Health Concern (working with Well Up North PCN and Valens PCN), Middlesbrough and Stockton Mind, Sunderland Counselling Services, and Together We CiC.
- ▶ Development phase commenced Nov 2021, including setting up prototypes, recruiting staff, developing local connections and mapping community assets.
- ▶ Delivery phase started July to Nov 2022. As at end Jan 2023, 70 families have been supported.
- ▶ Link Workers provide support with 'what matters to me' and connect women with low to moderate mental health needs in the perinatal period to local community assets.

This evaluation

- ▶ Evaluation aims:
 - ▶ Capture early outcomes for families.
 - ▶ Capture learning about how outcomes have been achieved.
 - ▶ Inform future decision-making.
- ▶ Methods:
 - ▶ In-depth interviews conducted Dec 2022 to Feb 2023 with:
 - ▶ 5 women receiving support.
 - ▶ 7 professionals supporting women during the perinatal period (plus email feedback from 1 further professional) – including 4 midwives, a Head of Midwifery, a Consultant Obstetrician, a Clinical Psychologist at the clinical Maternal Mental Health Service, and the Programme Manager of the clinical Maternal Mental Health Service.
 - ▶ 5 Link Workers, Project Manager, 5 senior managers from VCSE organisations delivering the services.
 - ▶ Review of feedback from women from project evaluation questionnaires.

Support and outcomes for women

Women's needs

- ▶ Key issues women are experiencing include:
 - ▶ **Mental health** including health anxiety, anxiety and depression.
 - ▶ Experiences of **trauma, loss and grief**.
 - ▶ **Social isolation** and lack of support.
 - ▶ **Social determinants of health** including poverty, money, benefits and the cost of living crisis, support with asylum process, housing conditions, employment, domestic abuse and relationships.
 - ▶ **A lack of awareness of/access to services** (for those with limited financial resources or ability to travel).

'There are pockets of huge deprivation, and geographical difficulties of getting out and about. [The main issues people face are] money, and social and geographical isolation.' – Link Worker

'I'm working with two really different groups of women. One is professionals, who are working full time and on maternity leave, and are facing bereavement, health anxiety, anxiety, workplace and body image issues. Then a different group of asylum seeking or newly arrived women struggling with loneliness, isolation, the cost of living, financial worries, and worry about social services involvement.' – Link Worker



JH Research



Ways to Wellness

Link Workers provide a range of support

The Link Workers conduct:

- ▶ **Listening**
- ▶ **Helping identify goals and building confidence** that these can be achieved
- ▶ **Linking** with services and support
- ▶ **Advocating and accompanying** to services, groups and appointments (from playgroups to social services)
- ▶ **Support with problem-solving and developing practical tools** (eg. helping a mum arrange a night out for the first time since her baby was born, or developing a checklist for a mum struggling to get out of the house).
- ▶ **Practical support** (eg. liaising with school to arrange support for child, or landlord to arrange repairs)
- ▶ **Informing, sharing self-management tools**, and helping make sense of mental health

'Our job is to link people, but sometimes that's just a bit of the work, it's more complex than that... It's helping them understand the jigsaw pieces of their lives.' – Link Worker

'Ours is a more personalised care approach, led by the client. It's shaped around them and what they want. We'll listen and spend time with them.' – Link Worker



JH Research



Ways to Wellness

Very early outcomes for women (1)

- ▶ **Being linked in with services and support** – eg. baby banks and food banks, budgeting support, colleges, playgroups, childcare, holiday clubs and counseling for children, other specialist services. 'I didn't know about nothing at all without [Link Worker]'
- ▶ **Improved understanding of mental health**, its effects and how to manage it. 'It truly means a lot to receive help regarding my anxiety, that I had never really understood until now.' 'I've learnt to manage my emotions a bit better from [Link Worker].'
- ▶ **Improved well-being and quality of life** for the woman and her family. 'I don't think I'd be here today if didn't have that kind of support [from Link Worker]', 'I don't feel anxious anymore and I feel better.'
- ▶ **Stronger social connections** and relationships. '[Link Worker] encouraged me to make a bigger support base around me, I have a stronger support base now.' 'Before I didn't want to make new friends, I was afraid. [Link Worker] made it more comfortable and that's why I have friends now.'



Very early outcomes for women (2)

- ▶ **Improved financial situation and resources** (in the short term, via baby banks and food banks that provide essentials and free up money; in the longer term, via referrals to money advice services). 'She helped when I was struggling with finances, she got me a moses basket full of clothes, and a couple of food banks. I hadn't thought about that before.'
- ▶ **Increased confidence and feeling more positive about the future.** 'She got me onto an English course. She gives me more confidence to believe in myself and more understanding of where I could go.'
- ▶ **Moving into education.** 'I'm looking now at going to college in September.'
- ▶ **Improved support and well-being for children** (eg. through liaising with schools for support, finding resources such as clubs, and through mother's improved well-being). 'My [son] was scared for me and upset. You can see the difference in him [since I started to feel better], he's very calm now.'



Mechanisms of change

- ▶ Change happens (1) via other agencies families are linked in with and (2) directly via Link Worker.
- ▶ Some of the features of the Link Worker service that women most appreciated were:
 - ▶ **Trusting relationship** with the Link Worker.
 - ▶ **Being listened to**, not being judged, and not being told what to do.
 - ▶ **Support built around their needs.**
 - ▶ **Having someone at the end of the phone** if needed.
 - ▶ **Additional support** (eg. being accompanied to appointments, asking questions on their behalf), which enabled them to do things they didn't feel they could otherwise do.
- ▶ Other key facilitators include support from the wider system (statutory services, charities, community organisations), including joint working and sharing resources.

'The women just want to be listened to and be heard, to feel like someone is trying to support them for the needs they've expressed. I think often in a lot of services it's very much we pick one problem and will focus on that for the next 6 weeks. Our service is broader and can deal with multiple things at once: housing, finance, anxiety. It's about putting them at the centre of everything we do.' – Link Worker



JH Research



Ways to Wellness

Sasha's* story

Sasha is pregnant, and was referred to the service by her midwife. Her partner had been let off and was having problems claiming Universal Credit, and she was experiencing anxiety about her pregnancy.

"[Link Worker] helped me when I was struggling with my finances. She got me a Moses basket full of clothes, and a couple of food banks. I hadn't thought about food banks before, it was my last option. I'm pregnant and knew I needed to eat.

She helped me mentally, she was there for the support, someone to talk to, and who'd recently had a child herself, she was easy to talk to. It helped a lot knowing she went through it before I did.

She helped me with social services. It was hard but I got through it. She was there through my meetings and read stuff out to me that needed reading, she helped me to understand a bit better. There was a lot of stress. If wasn't for [Link Worker] I don't think my case would have been closed with social services, she helped quite a lot.

Mentally, I feel a bit better. I was panicking [about my pregnancy], [Link Worker] built up my confidence to say "I'm enough and I've got enough." Now I know I can do it. She's referred me to [IAPT] - I'm still waiting for my first appointment.

Everything's fine now. The Universal Credit is all sorted. She came at a great time. She was like a fairy godmother just out of nowhere."

*Names have been changed.



JH Research



Ways to Wellness

Sarah's story

Sarah was referred to the service by her IAPT therapist when her CBT came to an end.

"I was in a very low place, I couldn't see tomorrow. I had no energy to look after my children, I didn't bother getting ready. I didn't have family support around me, I had no one.

[Link Worker] has been absolutely fantastic. When I felt no hope she's always been on the end of the phone. She listens, she understands, she doesn't judge.

She got us a food parcel, put me in touch with a charity who provided some baby milk, nappies and baby clothes so I could free up money to put the little one into child care, to give me a bit of time to help myself. I can catch up with sleep, have a bath or a cup of coffee, help with my self-care, that plays along with my mental health.

I'm looking now at going to college in September. [Link Worker] got the details for the college, and asked if I'd like her to go along to the open evening with me, I don't think I could have done that without that support. She asked questions I couldn't even ask, about a bursary, childcare costs, travel costs, support. I didn't think I'd be able to go back to college, she made us feel more confident in knowing I can do that.

I still have good and bad days, I'm not 100% better. But I don't think I'd be here today if didn't have that kind of support, that's how low I was feeling.

What frightens me is [Link Worker] will be signing me off soon and I'll have no one again. Over the weekend I've been up and down with my mood because that's been on my mind."



JH Research



Ways to Wellness

Gemma's story

Gemma was referred after being discharged by her CPN. She is on the waiting list for CBT through IAPT.

"I've been struggling with money, with day to day tasks and going out of the house.

[Link Worker] helped with the baby bank and got me in touch with [organisation providing] budgeting drop-in sessions.

She got me onto an English course. I struggled at school and I'd like to learn again from the beginning. She gives me more confidence to believe in myself and more understanding of where I could go. She has listened and I've really appreciated that. She has seen I could possibly do my English and maths and sorted it out and given me a better feeling, I'm feeling more positive through the day. [In situations] where I'd just be finding a brick wall and it would me on a downward spiral, I'd ask her and she finds a good way forward.

We've started looking at assessments [for a developmental disability], I've got an appointment with the mental health worker at the GP. I thought I might have it, but I never mentioned it [to anyone else]. When I met [Link Worker] we got talking, it came up and she asked if I'd feel comfortable talking to someone. It was a relief.

I'd say [working with Link Worker] has had a positive effect on my mental health. I come away from appointments feeling like I've had a weight lifted, I don't feel anxious anymore and I feel better.

I'd be in a really low place to be honest [without the service]. It's nice to have a focus on the more positive. Maybe I can be something."



JH Research



Ways to Wellness

The role of the service within the system

Gaps in the existing system

- ▶ Long (sometimes 6-8 month) waiting lists for talking therapies.
- ▶ Lack of capacity or specialist knowledge among professionals such as midwives and health visitors to support women with mental health issues.
- ▶ Lack of specialist support with the social determinants of health.

'This the **gaping chasm gap**, women who need that bit of extra support who've had issues pre-pregnancy that are often exacerbated, and the **midwives don't have the capacity** to be able to deliver the one to one or group-working that's required.' – Head of Midwifery



JH Research



Ways to Wellness

The service fills an important gap in the system

- ▶ It provides **timely, rapidly accessible** support – timeliness is crucial during the perinatal period. IAPT, the main alternative support of support for women with low to moderate mental health issues, has waiting lists that are often too long for this group.
- ▶ As a result, it has an important **preventative** function.
- ▶ It has a **specialist focus on the peri-natal period** for women with low to moderate mental health needs.
- ▶ It is often the only source of support for **social and economic issues** relating to the social determinants of health. The Link Workers have knowledge about services and resources available in the community that other professionals such as midwives do not have.

'[The service] fills this **gaping hole in needs**. It is particularly good where the women don't have a diagnosis as such, they're just having a tough time, due to circumstance, life itself etc, but will easily tip into the more serious end of things without help ... I honestly think the work is vital.' -
Mental Health Lead Consultant
Obstetrician



JH Research



Ways to Wellness

Preventative

'[The service is] very very very helpful. I can't stress that enough. Because waiting lists [for other services] are so long ... In pregnancy and in public health, prevention is better than cure, so if we can get to someone when they're feeling a bit low we can prevent them needing perinatal mental health services.' – Public Health Midwife

'When women are put on waiting lists and nothing is given in the interim, it's not acknowledged that all that time their mental health could be deteriorating.' – Midwife

Specialist focus on social determinants of health

'My eyes were opened [by the Link Worker] as to resources and support available in our area that I never knew existed, for the women and families we provide care to, that have been there for ages, but I didn't know were available to us.' – Midwife

'I really like that it's holistic, financial support, support going to groups, with housing, relationships, the bits we're less familiar with but know have an impact on the well-being of a new mum.' – Midwife

Timely

'It's been a quick turnaround from receipt of referral to contacting the woman.' - Midwife

'I'm waiting for CBT, there's a 6 month waiting list.' – woman receiving support from the service

'A lot of the women I support weren't receiving support from other services. When they were going to their GP, the GP was limited in what they could offer, medication or a referral to talking therapy, so they were getting into a bubble of constantly asking for help but not getting any.' – Link Worker

'The waiting lists [for IAPT] are so long, people give up waiting.' – Midwife

Relationship with existing services

- ▶ The service **complements and works helpfully alongside** clinical mental health services (see next page).
- ▶ It **reduces the burden on the existing system**; being able to refer to the service frees up other professionals such as midwives to focus on their roles.
- ▶ It can be utilised as a **step-down** from clinical support.
- ▶ It can be a **route into clinical services** (such as IAPT) for women who might not otherwise access them, and can help a woman deal with social or economic issues which may be affecting her mental health before accessing clinical support.
- ▶ **It was not clear in all areas how the role complements and/or overlaps with other social prescribing roles.** This is an area for further investigation in the end of project evaluation.

'That 1-1 personalised care with someone [the Link Worker provides], it takes us back into the job we're there for rather than branching out where we're not specialist.' –
Midwife

'I was scared when [IAPT therapist] said it was coming to end.' – woman referred from
IAPT to the service

Working alongside the clinical Maternal Mental Health Service

- ▶ The Link Worker service is working alongside the Maternal Mental Health Service in two areas, for women with moderate needs. Feedback was given by clinical staff in one area.

'We might set up a joint treatment plan. If we were looking at CBT and graded exposure, [Link Worker] could act on it in the community to support them, for example if we set the goal of going to baby groups, she could scaffold them to do that... Not much of their lives are in that hospital appointment, so being able to have that holistic picture, and that community support, is invaluable.' – Midwife, Maternal Mental Health Service

'There are lots of circumstances where [working with the Link Worker service] is really beneficial, where maybe the woman wouldn't have done so well where there was just one service [ours or the Link Worker service] not working in conjunction with the other.' – Clinical Psychologist, Maternal Mental Health Service



JH Research



Ways to Wellness

The model

Varying needs and contexts suggest a place-based approach is key

- ▶ Different Link Workers are seeing very different needs, depending on:
 - ▶ The landscape of services.
 - ▶ Levels of deprivation.
 - ▶ Demographics.
 - ▶ Whether urban or rural.
- ▶ Projects have been designed to respond to local need. This influences:
 - ▶ Target group.
 - ▶ Referral pathways and joint working processes.
 - ▶ Service delivery model.
- ▶ This place-based approach was seen to be important to allow the services to respond flexibly and appropriately to local contexts.



The role of the VCSE

- ▶ The project is building strong links between statutory services and the VCSE. The NHS professionals interviewed valued the role of the VCSE.
- ▶ Interviewees said that being VCSE-based enables key elements of the service valued by women:
 - ▶ **Flexibility in ways of working.**
 - ▶ **A less formal, non-clinical relationship between worker and individual.**
- ▶ VCSE organisations also brought existing **expertise, community connections and relationships.**

'The real benefits of it being a voluntary sector model is that, for women who might be hesitant asking for support because of concerns around the implications of safeguarding child protection, they view that very much as being a supportive mechanism that doesn't come with some of the structure they see in the NHS. It's seen as a more responsive and flexible model by the service users.' – Head of Midwifery

'Because they're not coming to a structured appointment, [Link Worker] is working her appointments around what works for them, so it's less intrusive and less structured. Some ladies who are struggling don't want to come into hospital.' – Midwife



JH Research



Ways to Wellness

The learning community approach is highly valued by workers

- ▶ Link Workers form a cross-organisational team which operates as a learning community. Regular learning community meetings and a web-based group chat provide the following functions:
 - ▶ Providing peer support.
 - ▶ Sharing expertise, resources, knowledge.
 - ▶ Thinking through challenges and possible solutions.
 - ▶ Testing ideas and getting feedback on these.
 - ▶ Seeking advice.

Key challenges faced

- ▶ **Building relationships between the VCSE and NHS.** Key project learning was that a preparatory period of building trust, particularly around safeguarding and governance, and agreeing how to work together was important. Existing NHS services could helpfully have been involved at the earlier project design stage, for example in selecting areas. Relationships are now strong.
- ▶ **Different challenges were faced in rural areas** compared with urban areas. In some areas there is a lack of venues to meet women, and travelling to venues is harder and expensive for women in rural areas. The largest project area was found to be too large for one Link Worker to cover.
- ▶ **Not being able to conduct home visits** in some areas. 'I wanted to do appointments other than on the phone. We tried, we were going to meet at a coffee shop, but with having [son] it would have been really hard and I couldn't afford [to travel]. [Link Worker] is not allowed to come to the house.' – woman receiving service
- ▶ **Some community resources being inaccessible to women with children**, in particular women being unable to bring babies to courses and groups including in Recovery Colleges.
- ▶ **Women experiencing more complexity might still experience gaps in support** after their support from the Link Worker ends.
- ▶ **The Parent and Baby Outcomes Star and promotional leaflets** were not always felt to be appropriate for women who had experienced baby loss.



Views about the future of the service

The women interviewed believed it was important the service continued. NHS professionals, staff and VCSE organisations believed the service should both continue and ideally expand. People wanted to see:

1. **Continuation** beyond the funded period.
2. **Expansion in size** – in terms of numbers, staffing, and geographical areas.
3. **Expansion in support** – offering support to the whole family including to dads/partners, and peer support groups.

'It's very important [this service is available]. There are people out there that really need the help.' – woman receiving service

'The project has been working with small numbers, tip of the iceberg numbers... We need to rapidly look at how take the learning and make a more equitable offer ... It's about expansion, so it's a referral pathway all staff can use.' – Head of Midwifery

'I'd be really upset if [the service] wasn't there, that would create a big gap, the gap would be mammoth. I'd like it to continue, ideally to expand. I keep sending referrals and worry about what would happen if [Link Worker's caseload] was full.' – Midwife

'It has immense potential to become a bigger service – we already have a waiting list.' – Senior manager in VCSE organisation



JH Research



Ways to Wellness

Conclusions and recommendations



JH Research



Ways to Wellness

Conclusions

- ▶ The Link Worker prototype services are providing valuable non-clinical support. Link Work that is person-centred and focused on the social determinants of health, is working well as a model.
- ▶ Interviews demonstrate that women receiving support from the services have experienced improvements in a range of areas, including well-being, finances, confidence and aspiration, and understanding of their mental health.
- ▶ The services fill an important gap in the system by being timely and rapidly accessible to women experiencing low to moderate mental health issues, preventative, focused on the perinatal period, and working across the social determinants of health.

Recommendations for the final year of the project (1)

- ▶ Explore what support is needed by partners/dads and introduce this.
- ▶ Continue to develop the offer of peer support.
- ▶ Assess the extent to which the service is reaching the women in most need, in particular those from minoritised ethnic groups and experiencing social/economic disadvantage, and ensure that it reaches and effectively supports these groups.
- ▶ Consider how the service will respond, prioritise and maintain invaluable timely access, once caseloads are full and waiting lists begin to build.
- ▶ Explore whether and how project materials, including the Parent and Baby Outcomes Star and promotional leaflets, can be tailored for women who have experienced baby loss.

Recommendations for the final year of the project (2)

- ▶ Monitor the number of sessions required by each woman, and introduce a softer or tapered close for cases where appropriate.
- ▶ Explore the feasibility of more home visits/face to face meetings when desired and appropriate, for example at initial meetings.
- ▶ Continue to promote the service to establish new referral pathways, and look for opportunities for joint working with services across the system.
- ▶ Stakeholders could usefully explore ways of overcoming barriers to accessing community services, in particular women being unable to attend certain groups with babies.
- ▶ Capture learning and gather a richer picture of outcomes for women and families in an end of project evaluation.

Longer term recommendations

Early indications strongly suggest that:

- ▶ This service fills an important gap in the maternal mental healthcare system, and should continue beyond the funded period.
- ▶ The service would be beneficial across the region.
- ▶ The place-based approach should be maintained, with the service offer tailored to local need.
- ▶ Over time, the service could usefully operate outreach from other services, such as family hubs, hospitals and GP surgeries.



JH Research



Ways to Wellness

waystowellness.org.uk



ways-to-wellness-limited



ways2wellnessUK