



*Women, Partners, Families & Professionals working together*

**Maternal Mental Health Scotland**

# **Annual Report**

**Year Ending 31 March 2021**

## ***Trustees' Annual Report for the financial year ended 31 March 2021***

The trustees have the pleasure in presenting their annual report for the year ended 31 March 2021.

### ***Reference and Administrative Information***

***Registered name of charity:*** Maternal Mental Health Scotland

***Charity Number:*** SC044891

***Registered address:*** Studio 1015, Mile End Mill, Abbeymill Business Centre, Seedhill Road, Paisley. PA1 1TJ

### ***Background***

Scottish Perinatal Mental Health Forum was established in 2009 by a group of health and social care professionals who at the time either worked directly with pregnant women or up to 12 months after the birth of their baby or had a particular interest in perinatal mental health. This like-minded group of individuals have over the years championed their local NHS Boards throughout Scotland over the provision of services for women and their families. At the AGM held in August 2015 it was agreed to change the organisations name to Maternal Mental Health Scotland. Scottish Perinatal Mental Health Forum (now MMHS) was registered as a Charitable Incorporated Organisation (SCIO) on 29 May 2014, with the Office of the Scottish Charity Regulator.

### ***Objectives of the charity:***

- i) The advancement of education, by the promotion of research and public and professional awareness in perinatal mental health.
- ii) The advancement of good perinatal mental health for women and families, by promoting service innovation and quality perinatal mental health care across the health and social care spectrum.
- iii) The saving of lives promoting best evidence for prevention, detection and timely treatment for women, who may experience serious mental illness during pregnancy and following childbirth.

### ***Growing our ambition: the future of Maternal Mental Health Scotland***

Following extensive consultation with our membership, prospective membership and strategic stakeholders, we have created a revised strategy, vision and mission. These can be summarised as follows:

#### ***Vision***

Perinatal and Infant Mental Health provision in Scotland: comprehensive and universally accessible, whenever and wherever

## **Mission**

To bring together lived and professional experience of perinatal and infant mental health into one voice. We use this to educate the public, health professionals and policy makers and campaign for change

### ***Trustees for year ending 31 March 2021:***

Joanne Smith	Chair from November 2020
Dr Ashleigh Macaulay,	Clinical Lead
Sharon McMenemy,	Treasurer
Dr Anna Wroblewska,	Secretary
Helen Sloan,	Co-Chair until November 2020
Susan McConachie,	Co-Chair until November 2020
Emma Curren	
Michelle Miller,	
Nikki O'Hara	
Dr Christine Puckering	
Elaine Connell	Resigned November 2020
Jackie Walker	Resigned October 2020

## ***Chair's report***

### ***Background***

MMHS was set up in 2009 by a group of health and third sector professionals who were either working directly with pregnant women, up to 12 months after the birth of their baby or had a particular interest in perinatal and infant mental health. The organisation is member led and almost entirely volunteer run.

Over our 11 years of delivery, we have stimulated discussion about perinatal and infant mental health, commissioned research to improve understanding and developed initiatives and resources which are responsive and effective. We work across Scotland in close association with other organisations and statutory services to bring about positive change to women and families' experience of perinatal and infant mental health support in both prevention and crisis.

### ***COVID 19***

The COVID pandemic has posed additional challenges for women's perinatal mental health especially for women from minority ethnic and socially disadvantaged groups. The pandemic has placed additional strain on services and the staff who work in them. Services that were already stretched, and that are so important to new mothers, fathers and infants, have been further reduced.

It has been within this challenging context that MMHS has embarked on some of its most ambitious initiatives including consultation and strategic stakeholder engagement to develop a new MMHS

Whilst we are proud of our achievements to date, we recognise that there is more we want to do and more that demands to be done. Over the past 18 months, we have engaged in a period of capacity building, consultation and planning. We have also seen the loss of longstanding trustees and supporters. This has/will impact on our ability to translate the new MMHS strategy into action.

Looking ahead, our intention is to transition from a volunteer led organisation contributing what we can around our busy day jobs, into an organisation able to act as *the* national, collective voice for perinatal and infant mental health in Scotland, driving change and improvement with the resources to back us up.

It was also agreed that we would aim to make online Board meetings the norm to increase participation, particularly beyond the central belt. This shift on-line has been accelerated as a result of COVID – 19 and has proven to be a positive development in making meetings easily accessible to all. We aim to expand membership in line with the new strategy aims.

A significant challenge arising from Covid – 19 on MMHS has been the cancellation of the annual conference over the past two years.

### ***Annual Conference***

The annual conference is a main source of income for MMHS the impact of this in context of finances is laid out in the treasurer's report. The conference provides a platform to educate the needs for mums, dads, children and the wider family while raising public and political awareness of service provision around Scotland. In the absence of the conference there has been media attention on the impact of Covid – 19 during pregnancy and the early postnatal period, which has involved the everyone's Business Co-ordinator and Change Agents.

### ***Stakeholder engagement***

MMHS continues to work in partnership with various stakeholders.

### ***Maternal Mental Health Alliance***

<https://maternalmentalhealthalliance.org/>

The monthly meetings with Maternal Mental Health Alliance to look a four nations approach have not been happening in recent months. While no clear rationale has been provided for why that is, there are been changes to the MMHA leadership and what feels like a loss of capacity within the campaign team. The loss of the EB teleconference has been a significant barrier to progressing EB campaign objectives in Scotland and we are keen to reinstate them in the new year. The forum has been a useful driver in bringing strength to campaigning for better services while recognising the unique needs of the devolved nations.

### ***Everyone's Business Campaign Co-ordinator***

<https://maternalmentalhealthalliance.org/campaign/>

Laura Bennison, Everyone's Business campaign co-ordinator for Scotland has taken the difficult decision to step back from the role.

Laura, had a busy 8 months promoting the campaign in Scotland. The pandemic had created a particularly challenging context for political influencing, however Laura was able to promote the campaign messages at a range of relevant fora.

Key activities can be summarised as attending the NSPCC and BMA hustings in advance of the Scottish Parliamentary elections; Speaker at Scottish Women's Convention Hustings Mental Health Event; taking part in an interview for MMH Week; coordinating and contributing to the Just Ideas evaluation of the EB campaign; generating a strong social media presence for the campaign, including blogging for the MMHS website; providing a Scottish perspective on the stage 2 of the EB campaign 'Make All Care Count'; Linking with the executive lead for each board area; and scoping the landscape to identify barriers and

opportunities, to the development work of MMHS, participation officer work, and adapting MMHA tools for Scotland. Laura identified a particular area of focus is GP experience and care. Many women being unnecessarily taken off medication. It would be a useful campaign point to encourage GP's to pledge to training, revisit the top ten tips, and red flags for GP's.

MMHA have committed to continuing to fund the EB coordinator role and have offered to redirect any additional funding to help launch the second phase of the campaign in Scotland.

### ***Invisible Truths – Inspiring Scotland***

Elaine Connell, former MMHS Trustee and founder of Blank Canvas was awarded monies from the Perinatal and Infant Mental Health fund to host a series of six art sessions to garner from women their experience of the care they received. The artwork produced was exhibited on-line and explored themes such as language, barriers, stigma and identity in an attempt to raise awareness and understanding of perinatal mental health and improve services available to families.

The exhibition generated a huge amount of public interests and opened up a conversations on and off line about women's experiences during the perinatal period.

Due to the success of this project, Elaine is now carrying out similar work with new dads to shine a spot light of their experiences of transitioning to parenthood.

### ***Perinatal Mental Health Participation Officer – Clare Thompson***

We launched our online art exhibition, Invisible Truths: An artistic exploration of perinatal mental health services in Scotland.

We have been working with Public Health Scotland, Amina Muslim Women's Resource Centre and Dundee Contemporary Arts, to explore the experiences of women they support. PHS now have funding to create a film about this project.

We are delighted that each NHS Board's report to the Programme Board includes a return on engagement of people with lived experience. This means that it is being monitored by the Scottish Government. We look forward to hearing about good practice!

We see a real appetite for involving people with lived experience in service design and look forward to working with NHS Boards to improve the quality of engagement.

### ***Equalities Participation Officer – Kat Masterton***

We were delighted that the Scottish Government has committed additional funding to recruit a second participation officer to support the work of the perinatal and infant mental health programme board, and to deliver the campaign aims of Maternal Mental Health Scotland more broadly.

### ***The Robertson Trust***

<https://www.therobertsontrust.org.uk/>

The Robertson Trust have remained an active supporter of the work of Maternal Mental Health Scotland. Following publication on the revised strategy, the Robertson Trust facilitated a funder's stakeholder event to encourage investment in MMHS. The Chair presented the new vision to 9 Scottish funder organisations. William Grant Foundation has committed to invest £30K in MMHS and Robertson Trust have offered to consider a small grants application with a view to securing the additional funding required to appoint a Development Manager. An application will be submitted by January 2022.

### ***Community Enterprise***

<https://communityenterprise.co.uk/>

We have worked closely with Victoria Pearce at Community Enterprise to align the work of MMHS with the external operating context. Whilst we are proud of our achievements to date, we recognise that there is more we want to do and more that demands to be done. Over the past 18 months, we have engaged in a period of capacity building, consultation and planning. Looking ahead, our intention is to transition from a volunteer led organisation contributing what we can around our busy day jobs, into an organisation able to act as *the* national, collective voice for perinatal and infant mental health in Scotland, driving change and improvement with the resources to back us up.

Stakeholder events including focus groups with women with lived experience and with clinicians and also a strategic stakeholder event including the Scottish Government's Head of Perinatal Mental Health and the Chair of the Perinatal and Infant Mental Programme Board. The learning from made the case for a stronger, more inclusive representative organisation that can promote and protect the interests of women, partners, babies and families. Work will begin in January 2022 to take forward the new strategy.

### ***Brand for Growth***

[Brand For Growth - Bold Studio \(bold-studio.co.uk\)](https://bold-studio.co.uk/)

Anna Wroblewska identified an opportunity to develop the MMHS brand to coincide with the revised strategy developed in partnership with community enterprise. Drawing of learning from stakeholder engagement, Anna submitted a compelling application to secure funding to invest in our brand. Funded by the Scottish Government, Brand for Growth is a competitive programme aimed at ambitious social enterprises with high impact potential who can bring something to the table themselves. The programme is being delivered by BOLD, part of the Community Enterprise. We are working closely with BOLD to evolve the MMHS brand with the key aim of expanding equality, diversity and inclusivity.

## ***Changing our Name***

Through this work it has been agreed that we will change the name of the charity to better reflect our ambitions to advocate on behalf of women, partners, babies and families to create local services that can provide a spectrum of care running from family support through to specialist care. The need for a more holistic, system-wide offer to families in the perinatal period is underpinned by the findings of the 'Delivery Effective Services' report (2017) which found that women and families often need tiered local support which can identify risk early, through universal and community services, while also responding to crisis through the provision of well-resourced specialist support.

To better reflect this evolving understanding of perinatal mental illness, and the associated factors that can aid or undermine recovery, it was agreed that the term 'maternal' mental health, whilst being broad in meaning and application, has some drawbacks. With a sole focus on the mother, the importance of wider social support networks in a woman's life (which may be key to improved maternal health) can risk being ignored. It also risks excluding fathers' or partners' mental health which can also be impacted during the perinatal period. Furthermore, the wellbeing of the individual baby (except as an extension of the mother) can also be overlooked.

Through the Brand for Growth work, the trustees have agreed that the name Parent and Infant Mental Health Scotland (PIMHS) better reflects the charity's ambition to expand to represent the needs of the wider family, while holding the fundamental aim of securing more community, specialist mental health services as the core of everything else that we do. Brand for Growth have developed some branding options and we will be presented with those in the next few weeks. It is the aim that the trustees will feed back views on the proposed options and we will finalise the new brand in early 2022.

## ***Other Stakeholders***

The trustees acknowledge the need to future proof MMHS into the political and policy landscape by ensuring ongoing strands of work such as 1001 days, The Parent Infant Foundation, The Wave Trust, and IMHUK have a Scottish perspective. Malawi Partnership <https://aammh.org>

Our partners in Malawi were unable to travel for their return visit to Scotland due to COVID-19 restrictions. However, we have been able to maintain the partnerships with Webinar sessions. We were able to run 3 sessions; one was an "open questions" session around the differences of Perinatal Mental Health care in our respective countries, one on Infant Mental Health, delivered by Dr Christine Puckering and one on MBU's/In-patient care supported by the St John's Hospital, Livingston MBU. We had hoped to also run a session on medication management, with Dr Ashley Macaulay after she had finished her maternity leave. However, Ashleigh being appointed to a new consultant post and the difficulties of working with the pressures of a Covid-19 work life, meant that we have had to defer the talk on medication management to a later time.

Sharon McMenemy, MMHS Treasurer has been able to renegotiate the terms of the THET grant. This will allow a reappropriation of the remaining grant funds to purchase IT equipment and a Zoom license to maintain the links between MMHS and Malawi. Workers in Malawi are also now able to access the NES perinatal modules. Money was also allocated to create a baby friendly environment within St John of God, for the women and their guardians who support the infants and families during the women's admission. Mobile phones were also purchased to facilitate community participation and peer support.

## ***Perinatal and Infant Mental Health Programme Board***

<https://www.pmhn.scot.nhs.uk/perinatal-infant-mental-health-programme-board/>

MMHS are represented on the Programme Board by Joanne Smith Chair, Helen Sloan, Nurse Consultant in Glasgow, former Trustee and MMHS member and Laura Bennison, former Everyone's Business Co-ordinator.

Helen is co-Chair of the equalities sub-group. Joanne also sits on a number of the board's sub-groups including the infant mental health implementation and advisory group (IMH-IAG) the equalities group and workforce planning and sustainability group. A number of MMHS members and other relevant 3<sup>rd</sup> sector organisations participate at the Scottish Government Perinatal and Infant Mental Health Programme Board meetings. At this forum 3<sup>rd</sup> sector organisations are able to influence the strategic direction, investment and service provision for Perinatal and Infant Mental Health in Scotland.

Key activity this year relates to informing the development of the Perinatal and Infant Mental Health delivery plan 2021-22. The delivery plan shows some progress across many tiers of service delivery, with particular advances in participation and peer support. However, progress is not yet sufficient to create the required culture shift towards prevention without sustained national investment to create the local partnerships required to embed integrated local systems.

Despite some progress, there remains a lack of local, specialist support meaning problems are not being identified early, causing unnecessary suffering for women and their families. We were able to draw on learning from local partners to evidence that mental health care for expectant and new mothers remains fragmented and specialist support in the community for mothers and babies is still only available in some areas.

We will continue to campaign for more investment in services, but critically we need to see investment in specialist training across the relevant professional groups to ensure the necessary specialism exists so that newly created posts can be filled with skilled and committed workforce.

### ***Reconfiguration of Board of Trustees***

It was agreed as part of the new strategy that a priority would be to reconfigure the board of trustees to reduce clinical representation and increase the number of people with lived experience. There has been some delay in progressing this due to a number of unexpected life events, but this work will begin in earnest in January 2022. The key aim of this work will be to improve diversity and equality using the Scottish Government's equality impact assessment as a guide with the aim of embedding diversity in practice in the longer term.

*Joanne Smith*

Joanne Smith

**Chair & Trustee**

**17 November 2021**