Peer Support in Perinatal Mental Health

Action Plan

2020-2023

Perinatal & Infant Mental Health

Scottish Government
Riaghaltas na h-Alba
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Forewords

As Vice-Chair of the Perinatal and Infant Mental Health Programme Board, I am delighted to introduce this Action Plan on Peer Support in Perinatal Mental Health. Peer support is a vital component of good perinatal mental health care and a key objective for the Programme Board.

Peer support is a means by which those with lived experience can support each other to achieve better perinatal mental wellbeing. Evidence from the UK and overseas suggests that peer support can be an effective way to improve the mental health of pregnant and postnatal women.

Our overall vision for women, young children and families is that perinatal and infant mental health services are responsive, timely and address the changing needs of women and families throughout pregnancy and the early years of life. Peer support enhances the quality of that provision.

Developing peer support provision, and the publication of the report, form a core part of the 2020-21 Delivery Plan, and will continue into the 2021-22 Delivery Plan. Service provision must be led by the needs of women, young children and families, building on good practice and learning from positive and negative experiences of current services. The Women and Families Maternal Mental Health Pledge was developed by women with lived experience of perinatal mental illness and the Managed Clinical Network. The Delivery Plan places this Pledge, and the eight asks within it, at the very heart of its commitments.

Lastly, I wanted to say a huge thank you to the organisations who attended the launch event of the report on 30 October 2020. Through your helpful suggestions, we have been able to co-produce this Action Plan which aims to improve the provision of peer support for women and families in the perinatal period, across the whole of Scotland.

Roch Cantwell, Vice-Chair of Perinatal and Infant Mental Health Programme Board

Having a baby can be an amazing experience, but it can be difficult too. Being a new mum or dad can feel isolating, as you adjust to the changes to your life, and the huge responsibility of looking after a tiny human for the first time or looking after older children with a new baby in the house. The challenge can be much bigger if you are experiencing mental health problems, birth trauma, or bereavement. Sometimes the only way to get through a difficult period is to make connections with others who have "been there" before. Parents have been helping parents for generations, within communities and family units, from an informal chat with a neighbour, to talking about mental health challenges with a larger group. This can often begin when you're expecting a baby, as well as once the baby is born.

Many amazing organisations have come along in recent years to offer peer support to new parents. They can stand alongside the work of specialist perinatal mental health services and universal services, like midwives, health visitors, and GPs. Peer

support can be offered within statutory services too. Early intervention can put that support in place, and sometimes prevent isolation before it begins!
To be accessible to all, perinatal peer support needs to take into account the shared experiences of race & ethnicity, sexuality, sex, gender, age, disability and so many other factors.

This Peer Support Action Plan is building on so much that has come before, and I look forward to seeing the Plan being delivered collaboratively, recognising the power of grass roots, collective support. It is so important that we support and value the contributions of peer supporters, and make sure they, and the support they provide is safe.

Sometimes all it takes is for someone to say, "I've been there, and it will get better".

Clare Thompson, Participation Officer, Maternal Mental Health Scotland

Summary of Peer Support Review and links to Delivery Plan and Peer Support Action Plan

Background

In March 2019, the Perinatal and Infant Mental Health Programme Board was launched by the First Minister to oversee, provide strategic leadership and have overall management of the delivery of improved perinatal and infant mental health services. This includes establishing improved provision at national, regional and local level in line with the recommendations in the Perinatal and Infant Mental Health Managed Clinical Network's 'Delivering Effective Services' report published in March 2019. This commitment is supported by £50 million of investment in perinatal and infant mental health services over the next 4 years.

The Delivering Effective Services Report on perinatal and infant mental health services across Scotland made the recommendation to enhance access to peer support as part of a wider range of services for women, infants, partners and families in the perinatal period. Peer support ranges from support groups with other parents, to volunteer befriending and peer workers in inpatient settings. Ministers have accepted the recommendations from the Report and are working towards enhancing peer support for women and families during pregnancy and after birth.

Women and Families Maternal Mental Health Pledge

The Perinatal and Infant Mental Health Programme Board Delivery Plan 2020/21 sets out key actions in delivering upon these commitments. This includes the action to meet the pledge expectation of: "My family are given information and support for themselves and to support me." This action seeks to develop peer support provision by implementing the recommendations in the peer support review and the associated action plan to:

- Identify and support existing good practice
- Ensure safety and quality
- Prioritise accessibility and inclusivity
- Respect the unique value of peer work
- Integrate robust evaluation

Peer support ranges from support groups with other parents, to volunteer befriending and peer workers in inpatient settings.

Action 7 in the Perinatal and Infant Mental Health Programme Board's Delivery Plan for 2020/21 commits us to:

Developing Peer support provision: Implement the recommendations and associated action plan from the 'Review of the evidence for Peer Support in Perinatal Mental Health' report.

Research in the UK and internationally suggests that peer support can be beneficial for supporting women's mental health in the perinatal period.

Review of the evidence for Peer Support in Perinatal Mental Health

The aims in the report were to review the evidence base for peer support in perinatal mental health by responding to the following questions:

- What evidence is there on the effectiveness of peer support in the perinatal period?
- In Scotland, what models of perinatal peer support can be identified using currently available evidence?
- What evaluation evidence exists on the effectiveness of current models of peer support in Scotland?

Summary

The main findings from the literature and responses from stakeholders demonstrate the benefits of a range of peer support models.

- Quantitative evidence shows that peer support can significantly reduce depressive symptoms for women experiencing postnatal depression.
- Qualitative evidence makes it clear that women experience improved self-efficacy, self-esteem and parenting confidence through peer support.
- Peer support directly reduces social isolation and can increase social activities outside the home for women experiencing perinatal mental health difficulties.
- There is also evidence that peer support can act as a bridge to build trust with clinical services.

It is clear that peer support in the form of peer workers, peer befrienders, peer groups or informal and online support, can be highly effective in supporting parents with perinatal mental health difficulties. Research evidence suggests that peer support:

- Builds parenting confidence and improves parenting self-efficacy for mothers/carers
- Reduces social isolation for mothers/carers and encourages them to form further social bonds
- Builds links between parent and other services, helping to develop trusting relationships
- Can reduce depressive symptoms
- Can be highly rewarding for both peer supporter and mother/carer when safe and appropriate

The report is hugely helpful in influencing the work of the Perinatal and Infant Mental Health Programme Board. Developing peer support provision is a key priority for the Programme Board, which will provide the overall oversight and strategic input.

Peer support will feature in our Perinatal and Infant Mental Health Raising Awareness and Reducing Stigma Strategy and will be a key focus of the Perinatal and Infant Mental Health Equalities Working Group.

The report gave us the below recommendations, which are aligned with the actions within the plan.

Recommendations:

Report Theme	Recommendation
1. Identify and Support Existing Good Practice	1.1 Where there are examples of good practice, with evidence of appropriate training and support for peer volunteers, these should be championed, supported and built upon.
	1.2 A range of peer support models should be available, with improved access to services across geographical areas throughout Scotland.
	1.3 Regional perinatal mental health networks with statutory and third sector services should be facilitated to share best practice and aid appropriate referrals.
2. Ensure Safety and Quality	2.1 Specialised approaches to recruitment, robust and ongoing training, appropriate and timely clinical supervision and support for ongoing good practice are essential elements in ensuring quality and safety. Peer supporters need robust support systems and additional flexibility in their roles to enable them to maintain their own recovery and wellbeing. Existing evidence based and quality assured resources should be utilised when creating peer support services to ensure high quality practice from the start. All peer support services should have their own policy around safe-guarding peer support workers, volunteers and service users.
3. Prioritise Accessibility and Inclusivity	3.1 Peer support should be available in a variety of formats, for example, one-to-one, in-person, telephone and group support. This will ensure that the support meets the needs of a wide range of mothers/carers.
	3.2 Targeted peer support services should be designed to meet the particular needs of groups who are currently underserved by services, for example: Mothers/carers living in poverty, ethnic minority groups, geographically isolated communities, families affected by domestic abuse or substance abuse, parents who experience the loss of a baby, in addition to considering the impact of religious and cultural beliefs, disability, health problems and any other pertinent factors.

	3.3 Specific peer support for men should be widely supported and become more widely available. This will help to ensure this underserved group have a range of peer support services in place to support them.
4. Respect the Unique Value of Peer Work	4.1 Peer support services should recognise and celebrate the benefits of peer experience and peer workers or peer volunteers should not replace clinical staff or be asked to do their work.
	4.2 Peer support worker and volunteer roles should provide clear boundaries of the role for peers, the people they support and the wider team.
5. Integrate Robust Evaluation	5.1 Evaluation should be built into peer support services to ensure they are meeting needs of clients and peer supporters and providing safe, appropriate and effective services.
	5.2 To build the evidence base for peer support, new services should measure their effectiveness using a validated measures, to reinforce a commitment to a robust evaluation.

Development of Action Plan

The Actions within this plan have been derived from the recommendations within the Peer Support in Perinatal Mental Health: Review of Evidence and Provision in Scotland paper. This has helped us to ensure that the actions we propose are based on evidence with a clear methodology and rationale. However, we cannot rely solely on the evidence when considering the delivery of the Action Plan. We need to understand which actions are most urgent, which may require longer term planning and which may need to be adapted as time progresses.

On 30 October 2020, the Scottish Government hosted a Roundtable Event with peer supporters and women with lived experience from around Scotland. Discussion and feedback from this event has helped to inform the progression of this action plan. The event was co-designed and Chaired by Maternal Mental Health Scotland's Participation Officer.

A total of 64 stakeholders attended the launch event, including the Minister for Mental Health. 33 Third Sector organisations were represented and we received a total of 115 total comments during event, which has helped to co-produce this Action Plan.

The actions will be subject to the Scottish Budget and will be delivered over the course of the Programme Board.

1. Identify and Support Existing Good Practice

A wide range of perinatal peer support services exist in Scotland, however, the vast majority are voluntary and group based. Geographical coverage is limited outside the central belt of Scotland. Continuity of provision is inconsistent, with some valued and well-attended groups forced to close due to lack of funding or accommodation.

Perinatal mental health networks such as the Greater Glasgow and Clyde Perinatal Mental Health Network (PMHN) can aid shared knowledge of local services, helping NHS staff to direct people to appropriate third sector services based on clinical need. Networks also provide a forum for creating and sharing standardised 'peer principles' and a hub for expertise and continuing professional development.

> **Recommendation:**
> 1.1 Where there are examples of good practice, with evidence of appropriate training and support for peer volunteers, these should be championed, supported and built upon.
>
> **Action:**
> We will work in collaboration with the Experts by Experience Group and Inspiring Scotland to showcase good practice and identify mechanisms for developing this further.

> **1.2 Recommendation:**
> A range of peer support models should be available, with improved access to services across geographical areas throughout Scotland.
>
> **Action:**
> In collaboration with peer support groups, people with lived experience, third sector organisations and local statutory services, we will develop a Perinatal Peer Support Scotland resource to support local areas to expand on provision to help ensure equitable access to peer support across the country. This will include learning from, and avoiding duplication around, existing valuable resources.

> **1.3 Recommendation:**
> Regional perinatal mental health networks with statutory and third sector services should be facilitated to share best practice and aid appropriate referrals.
>
> **Action:**
> The Perinatal Peer Support Scotland resource or equivalent resource will contain a toolkit which supports regional and local areas around the following:
>
> - Identify gaps in provision
> - Identify and celebrate good practice
> - Provide support for developing peer support groups
> - Provide support to integrate peer support groups with statutory provision including referral pathways, referral templates and good practice examples of organisational support

2. Ensure Safety and Quality

For peer support services to be effective and safe for clients and peer supporters, robust and comprehensive training and regular supervision is essential. From recruitment, through training, supervision and supporting ongoing practice, processes should be tailored to the needs of peer supporters. This creates a safe working environment for peer supporters and ensures safety for clients, adequate care and due diligence.

Peer support work can be extremely rewarding for volunteers with peer experience. To be nurturing rather than draining for peer supporters, peers should be well prepared for their role and not be expected to achieve unrealistic outcomes. Peers should be supported and supervised, as they may experience guilt or worry associated with being unable to help or support clients, or anxiety when unsure of how to manage a situation. Specialised resources are available to support organisations who introduce peer support. Resources already exist to support all stages of peer support, from recruitment to ongoing training

Recommendation:
2.1 Specialised approaches to recruitment, robust and ongoing training, appropriate and timely clinical supervision and support for ongoing good practice are essential elements in ensuring quality and safety.

Peer supporters need robust support systems and additional flexibility in their roles to enable them to maintain their own recovery and wellbeing.

Existing evidence based and quality assured resources should be utilised when creating peer support services to ensure high quality practice from the start.

All peer support services should have their own policy around safe-guarding peer support workers, volunteers and service users.

Action:
We will ensure that the Perinatal Peer Support Scotland resource contains tools around:

- monitoring support/evaluation
- recruitment
- guidance around support and supervision
- examples of evidence based practice and validated resources
- signposting for safeguarding and child protection policies

3. Prioritise Accessibility and Inclusivity

The design and delivery of peer support services should respond to the needs of particular communities. Socioeconomic background, family situation, geographical location, culture, religion, ethnic background, disability, health problems and other factors will influence a person's ability to access services. Peer support services are effective at reducing isolation for those groups at risk of being isolated, for example, asylum seekers and refugees. These isolated groups may benefit greatly from peer support but need a tailored approach or targeted support to ensure support is accessible.

3.1 Recommendation:
Peer support should be available in a variety of formats, for example, one-to-one, in-person, telephone and group support. This will ensure that the support meets the needs of a wide range of mothers/carers and supports positive outcomes for their infants' mental health.

Action:
We will work with stakeholders to raise awareness of the need for peer support to be made available in different formats and modalities. We will also ensure this is included in the Perinatal and Infant Mental Health Raising Awareness and Reducing Stigma Strategy.

3.2 Recommendation:
Targeted peer support services should be designed to meet the particular needs of groups who are currently underserved by services, for example: Mothers/carers living in poverty, ethnic minority groups, geographically isolated communities, families affected by domestic abuse or substance abuse, parents who experience the loss of a baby, in addition to considering the impact of religious and cultural beliefs, disability, health problems and any other pertinent factors.

Action:
We will work with the Perinatal and Infant Mental Health Equalities Working Group to identify how targeted peer support services can provide equitable support and prevent disproportionate impacts across groups with protected characteristics.

3.3 Recommendation:
Specific peer support for men should be widely supported and become more widely available. This will help to ensure this underserved group have a range of peer support services in place to support them

Action:
We will work with a range of stakeholders who specialise in supporting men and their mental health during the perinatal period to better understand the landscape of peer support for men and identify gaps in provision/support.

4. Respect the Unique Value Peer Work

The recently developed Principles of Perinatal Peer Support (Maternal Mental Health Alliance et al., 2019) advocate that the unique contribution of peer support is maintained as distinct from other therapeutic or clinical roles. Research evidence also suggests that peer support is most effective when peers use their uniquely valuable experience in a way which does not try to replicate the role of clinical staff by offering advice, training or therapeutic treatment. Peer support is most effective when clear role boundaries are put in place for peers and those people they support. Clearly defined role boundaries allow the peer supporter to feel secure in what is expected of them and enable other staff and clients to know what to expect, reducing uncertainty.

4.1 Recommendation:
Peer support services should recognise and celebrate the benefits of peer experience and peer workers or peer volunteers should not replace clinical staff or be asked to do their work.

Action:
We will create an annual peer support event recognising the contribution of peer supporters. This event will seek to showcase good practice and highlight the role of peer support in relation to how it can support and complement clinical work. We will also work with the Perinatal Mental Health Managed Clinical Network and Inspiring Scotland to raise awareness of the peer support role.

4.2 Recommendation:
Peer support worker and volunteer roles should provide clear boundaries of the role for peers, the people they support and the wider team. Consideration should be given to variation across peer support roles.

Action:
We will work with the Perinatal Mental Health Managed Clinical Network to develop role definitions for peer support roles in different settings.

5. Integrate Robust Evaluation

International evidence from large scale studies suggests that perinatal peer support can reduce symptoms recorded by the Edinburgh Postnatal Depression Scale (EPDS). This is the most commonly used measure of postnatal mental health problems. EPDS requires appropriate training and is only suitable for use in certain settings. Research evidence on the efficacy of perinatal peer support in Scotland is extremely scarce.

This is partly because peer support is a relatively new approach and not yet embedded in statutory services, offering limited opportunity for research studies. In addition, third sector organisations who organise peer support have limited resources for research and evaluation as they direct their resource primarily toward service provision.

5.1 Recommendation:
Evaluation should be built into peer support services to ensure they are meeting needs of clients and peer supporters and providing safe, appropriate and effective services.

Action:

- Ensure that evaluation of peer support is included within the evaluation of the Perinatal and Infant Mental Health Programme Board.

- Provide support to the funded organisations of the Perinatal and Infant Mental Health Third Sector Fund to effectively evaluate their peer support services, where appropriate. Signpost evaluation resources to the wider Perinatal and Infant Mental Health Third Sector portfolio.

5.2 Recommendation:
To build the evidence base of the benefits of peer support for parents and infants, new services should measure their effectiveness using validated measures, to reinforce a commitment to a robust evaluation.

Action:
Work with stakeholders to review validated measures relating to peer support and include these in the Perinatal Peer Support Scotland resource to facilitate effective monitoring and evaluation of peer support activity.

Conclusion

This Action Plan spans a wide range of topics including equalities, inclusivity, sharing best practice and developing a structure for perinatal peer support across sectors. The joined up approach with identified stakeholders will help to improve the access and quality of peer support services for every woman, partner and family across Scotland.

We will publish yearly updates on the actions on the Scottish Government website, in advance of the annual peer support event.

Any enquiries regarding this publication should be sent to us at

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG