



Addressing Stigma in Perinatal and Infant Mental Health

Good practice case studies

April 2023

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Introduction

In April 2022 the Scottish Government commissioned See Me [1] and the Mental Health Foundation [2] to develop evidence-based good practice guidelines to support the reduction of perinatal and infant mental health stigma in services in Scotland. The guidelines are intended as a tool for commissioners, providers and practitioners in perinatal and infant mental health services to understand and take action to address mental health stigma.

The guidelines were created by drawing on evidence from a literature review on perinatal and infant mental health stigma in Scotland, carried out by the Mental Health Foundation in 2022. The following seven guidelines were created from this evidence:

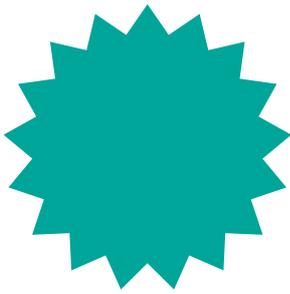
- 1. Inclusive commissioning**
- 2. Leadership commitment to mental health inclusion**
- 3. Inclusive service design and provision**
- 4. Supporting policy into practice**
- 5. Peer support**
- 6. Workforce development and capacity**
- 7. Addressing stigma at different levels**

More information on each guideline is available in the accompanying Good Practice Guidelines document.

Through implementing these guidelines, services can take action against mental health stigma at every stage of a person's journey through perinatal and infant mental health services. By reducing stigma we will:

- Increase empowerment of women and their families
- Encourage personalisation of services design and delivery
- Improve overall outcomes for expectant and new mothers/birthing parents and their families.

This document is part of a suite of resources to reduce perinatal and infant mental health stigma in services in Scotland. It sets out a series of case studies which illustrate good practice relating to one or more of these guidelines. These case studies provide examples of perinatal and infant mental health services in Scotland which have already implemented various elements of the guidelines into their daily practice. They are intended to show how the guidelines can be implemented in a real-world service-delivery environment. Please note that pseudonyms have been used instead of real names to protect the identity of individuals.



For each case study, we have highlighted two good practice guidelines that are being particularly well implemented by the service. However, many of the case studies also show evidence of the implementation of several other guidelines. As you read through them, we encourage you to think about which other guidelines you can identify in each example.

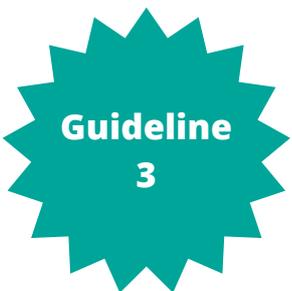


We would like to thank the organisations that took the time and effort to share existing good practice through these case studies.

Perinatal Befriending Support Services at Aberlour

Aberlour Children's Charity helps disadvantaged children and families, providing practical and emotional care and support through a wide range of services across Scotland. Find out more at aberlour.org.uk.

Aberlour's case study illustrates good practice in relation to:



Guideline

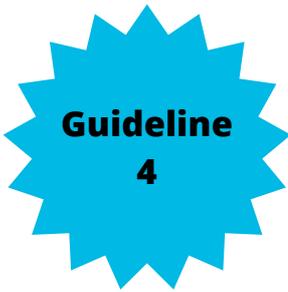
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Inclusive Service Design and Provision

Aberlour's Perinatal Befriending is an example of a service which provides long-term, consistent and tailored support, based on a social model of care. In the story that accompanies this case study on the following page, Shona builds a strong, goal-oriented relationship with her befriender through regular weekly meetings over an eight-month period.

Supporting Policy into Practice

This case study demonstrates an effective local referral pathway between Aberlour and the health visitors' team. In the story, Shona's health visitor recognises her isolation and makes a referral to Aberlour where she receives person-centred, solution-focused support, another key aspect of stigma-free services.



Guideline

4

Aberlour's Perinatal Befriending Support Services support mothers and mothers-to-be who are struggling with anxiety, depression and isolation in pregnancy and after their baby is born, up to the age of 12 months. Mums are matched to trained Volunteer Befrienders – who, by building trust with mum, can offer practical and emotional support. Volunteer Befrienders are there to listen, not to judge or diagnose. Through building a strong relationship of trust, they are there to help mothers and mothers-to-be build their confidence and recognise their strengths; to help reduce social isolation and to share their concerns and anxieties. By helping mum, the service also aims to help baby, partner, and immediate family. Befriending can take place face-to-face, online, by text or by telephone. This is discussed and agreed between mum and the befriender, as is the timing and frequency of meetings. Many women find it difficult to engage in a formalised process, due to anxiety or fear of 'professionals', so the approach taken is always at the woman's pace. The befriending services also run 'Caring Cafes' which are a safe space run face to face or digitally by the Perinatal Co-ordinators for mothers and mothers-to-be to connect with other parents.

Perinatal Befriending Support Services at Aberlour

Shona's Story



Shona was referred into the service by her health visitor, who recognised how very isolated Shona was, both physically and emotionally. At the time of connecting with the service, Shona's children were aged four and three months – Shona was unable to leave her family home due to her escalating anxiety and low confidence, exacerbated by a difficult relationship with her immediate neighbours. Fearful of confrontation, Shona decided she would stay indoors, even avoiding going out into her own garden. Due to her "overwhelming" anxiety about going out, Shona and her children had virtually no support networks in their local community.

Shona had experienced anxiety and depression for most of her adolescent and adult years, receiving support from mental health services mainly centred around medication and later on, counselling. When her older child was born Shona had also accessed parenting support from Aberlour Early Years services.

Shona felt the trauma experienced during her own childhood was impacting on her daily life more than ever following the birth of her second child, and things which used to help lift her mood were no longer working.

Shona was matched with her befriender over a period of time when, due to Covid-19 restrictions, support was offered remotely or through socially distanced outdoor contact. Shona was keen for her children to be able to access the outdoors – one of her own goals for befriending support was to increase her confidence in going out and to take her children regularly to a local park, something she felt unable to do on her own. Each week Shona and her befriender went out for walks and Shona reflected how much the befriending relationship, spanning eight months, meant to her:

"I was supported by Aberlour with my older child and then when I had my youngest son, I remembered how well supported I was. They have been fantastic with me and my children and it's really helped having my befriender on days that have been stressful so I can talk to her about how I was feeling and about what was stressing me out, all whilst going for a walk or when having a coffee together."

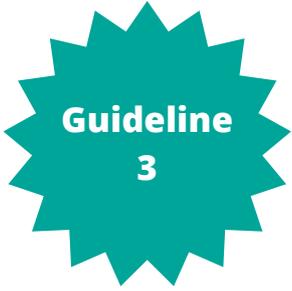
As Shona prepares to move on from Perinatal Befriending support, she is feeling more confident in herself and her strengths as a parent, her anxiety has "gotten much better" and she is passionate about telling others of the positives a befriender can make.



Multidisciplinary Support - Blueprints, Action for Children Eilean Siar

Action for Children works across the UK to protect and support children and young people, providing practical and emotional care and support. Find out more at actionforchildren.org.uk.

Blueprints' case study illustrates good practice in relation to:



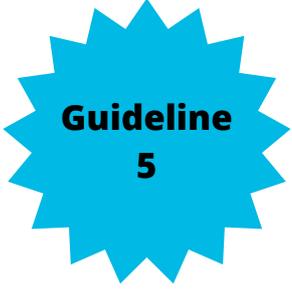
Guideline 3

Inclusive Service Design and Provision

In Lucy's story (next page), the Blueprints service demonstrates how they used a multi-disciplinary approach to identify and address the specific barriers Lucy faced, including housing, childcare and financial struggles. Blueprints provided an inclusive and accessible service which treated Lucy with fairness and compassion.

Peer Support

Peer support can reduce isolation and loneliness through connecting with and speaking to others who have had similar experiences. By supporting Lucy to attend toddler and young mums groups, Blueprints demonstrates how it is investing in approaches that extend peer support for all women who wish to access it.



Guideline 5

Blueprints are a team of Action for Children staff and volunteers who work with expectant mums, dads, families and their babies up until the child is three years old. Blueprints work alongside parents to build their confidence, helping parents through pregnancy, birth and into infant stages. The service supports and empowers parents and families by giving them emotional support, parental support and help to restore positive mental and emotional wellbeing. Blueprints provide emotional and practical support, aiming to give families the tools they need to move forward and manage their own unique situation. Tools are designed to help bolster parents' confidence to effectively nurture and interact with their child. They focus on areas such as positive behaviour strategies, guidance on sleep patterns and healthy sleep, building routines and improved understanding of child development. These all strengthen parent and child relationships to improve baby development and baby and mother attachment.

Multidisciplinary Support - Blueprints, Action for Children Eilean Siar

Lucy's Story



Lucy was referred to Blueprints when her son was four months old. Lucy is a young, single mother who at the time of her referral had no support from her or her son's external family. When she was pregnant with her child, Lucy found herself homeless following a breakdown in her family, and was provided with accommodation from the local housing partnership, getting into her new accommodation when she was seven-and-a-half months pregnant during the Covid-19 pandemic. Blueprints were referred to support Lucy with her anxieties and low moods, and to provide her with a support network to grow in her attachment and parenting skills. Lucy had always struggled with her anxieties and, although offered support from other services in the past, none of them had stuck.

The Blueprints children and families practitioner came alongside Lucy, slowly building a relationship with her. Lucy began to trust in the support offered, engaging in activities to improve her mental and emotional wellbeing and slowly gaining understanding of her child's own development and his emotions. Lucy's anxiety was previously heightened when alone in the community, which she would often avoid, in turn causing her to experience low moods due to her isolation. Her key worker supported her in getting out of the house, going for walks, shopping and even coffees out with the baby, building her confidence gradually. Lucy would often comment on the positive effect getting out had on both her and her baby. She began attending a small baby and toddler group run by Action for Children.

Lucy then joined a young mums weekly group which allowed her to begin to widen her community support network. Lucy faces increasing financial struggles and has both reached out for and accepted support from Action for Children. Blueprints have supported her in accessing cookers, food boxes and clothing, as well as extra support in the form of an afternoon funded nursery placement, allowing Lucy time to do the essentials which she was struggling to manage without a consistent support network.

Lucy has grown in confidence as a mum and within herself, and the understanding of the importance of a nurturing environment for her child. While Lucy continues to have many ups and downs in her life, she has maintained a positive connection and communication with her Blueprints keyworker throughout.



Inclusive Design - Amma Birth Companions

Amma Birth Companions is a Scottish charity that supports disadvantaged parents in Glasgow, who might otherwise give birth alone. Find out more at ammabirthcompanions.org.

Amma illustrates good practice in relation to:

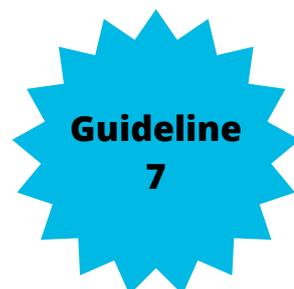


Inclusive Commissioning

In this case study, Amma outlines the work they do to identify and address barriers that prevent women and their families from accessing services and support for their mental health. Their approach is designed to ensure that they provide equitable access for people from minority communities, taking account of individual needs and preferences.

Addressing Stigma at Different Levels

The impact of mental health-related and intersectional stigma on parents, families and infants can be profound. In their adoption of an inclusive and person-centred approach to working with parents experiencing multiple disadvantages, Amma's services are tackling intersectional stigma.



Amma provides care, information, and advocacy to ensure parents experiencing multiple disadvantages can give birth and parent safely and with dignity. Amma support women and birthing people in Glasgow facing barriers like poverty, isolation, or language. The charity aims to create a supportive environment where pregnant people and new parents feel seen, informed, and nurtured in all aspects of their birth and early parenting experiences. Services include birth and postnatal companionship, peer support, and education, as described on the following pages.

Inclusive Design - Amma Birth Companions

Birth and postnatal companions

A birth/postnatal companion is someone who is trained to provide non-medical support, guidance, and advocacy for others through childbirth. At Amma, volunteer companions are trained to deliver specialist trauma-informed, culturally-safe care to women and birthing people at every stage of their parenting journey.

Birth companions:

- Help prepare clients for birth and life with a new baby
- Provide support throughout labour and birth
- Accompany clients to hospital appointments as needed
- Ensure clients understand their rights and choices in relation to birth
- Advocate to ensure clients' voices are heard in the decisions that impact their care

“Coming to appointments with me improved my confidence and anxiety so much. It was so useful to have someone there who was not blind, who understood the system and could explain it to us and know what questions to ask.”

“They were all beautiful. Before I met Amma, I did not know anyone or anything. I did not know how I was going to do it. Meeting my birth companions changed all that, I felt comfortable, and I felt safe. They did a lovely job to introduce themselves very clearly, and to explain all the work we would be doing together.”

Postnatal companions:

- Help with infant feeding
- Enable clients to rest and recover
- Facilitate connections with other parents
- Assist with domestic tasks
- Ensure clients are well-nourished

Peer Support

The Amma Family peer support programme facilitates opportunities for parents to develop friendships, increase confidence, build parenting skills, and have fun. Peer support activities include:

- An active WhatsApp group
- Weekly parent and baby drop-ins
- Vietnamese parents' group
- Parenting workshops
- Wellbeing activities (eg. gardening, yoga)
- Social outings

“I really love the Amma Family weekly group. I have been able to make a lot of friends here who are really kind to me. My daughter and I enjoy being with this group and it's so beneficial for us. My only problem is about commuting. I live far from there and I can't get the bus there in the wintertime which prevents me from attending the class.”

Inclusive Design - Amma Birth Companions

Education

Amma run rights-focused and trauma-aware group antenatal courses. The workshops aim to build community and confidence, as well as helping participants prepare for birth and the early days of life with their new babies. Sharing and co-creation is encouraged, ensuring that each group is unique to the people that attend each month, while covering the need-to-knows of pregnancy, birth and postpartum, as well as birthing within the Scottish NHS. Delivered over three sessions, the curriculum is varied and accessible. Inclusivity is at the forefront of the classes, with interpreters provided so language is never a barrier to learning. Hosted in the comfortable Amma space in the city centre, children are welcomed, and nutritious lunches and snacks provided.

“ They changed everything for me. Before they came, I was totally lost about everything, how could I know? I needed someone to help me, to explain things, and Amma did that. It was amazing.”

“ Amma felt like my first family in Glasgow. They gave me power and knowledge and hope - I feel like a person who has rights and choices now and I am not afraid of anything.”

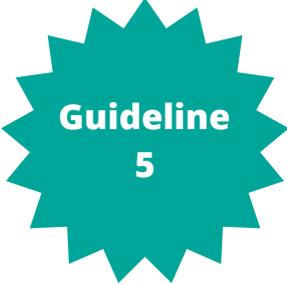
“ They came to visit, I felt cared for, and they found me things for my baby like a pram and nappies that I would not have known how to get for myself. This really helped me feel I could care for my baby.”



Holistic Support at Barnardo's

Barnardo's is a children's charity that protects and supports children and young people, providing a broad range of services for children, young people, parents and carers across the UK. Find out more at [barnardos.org.uk](https://www.barnardos.org.uk).

Barnardo's illustrates good practice in relation to:



Guideline

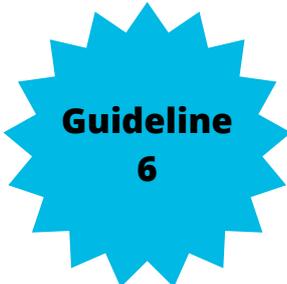
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Peer Support

The quote provided within this case study is a compelling illustration of how peer support can provide a safe space to open up and promote help-seeking. Accessing peer support has helped reduce Jane's isolation and connected her to her local community.

Workforce Development and Capacity

The worker in this case study worked alongside the mother and their family to design solutions and pathways around the woman and family's particular needs and preferences.



Guideline

6

Perinatal and infant mental health is supported through Barnardo's children's centres which offer the opportunity to meet other parents and access a range of information and classes in areas such as:

- antenatal and postnatal care
 - parenting advice
 - parent/child bonding
 - sensory play for children
-

Holistic Support at Barnardo's

I spent several months prior to New Baby Group (NBG) working with Jane and her family. This allowed me to build up a meaningful relationship with her based on mutual trust and respect. I delivered the Five to Thrive programme with Jane and her husband, Alan. I supported them moving into their new tenancy, applying to the Community Care Grant, Trades House Fund and Buttle Trust for furniture, white goods and flooring. Prior to NBG commencing, I invited Jane, Alan and baby Theo into the office for a visit to complete applications for various benefits etc. This allowed them to see the Group Room and become familiar with the building and her route to get here. This also helped to alleviate some of her anxieties about attending the NBG. Jane has also been supported with transport costs to support her in attending NBG which has helped her to attend regularly. Jane recently sent a text message stating how much she was enjoying the NBG:

"Thank you for inviting us along to the mums' group, it was actually really refreshing getting out to speak to other mums. It was definitely what I've been needing as I couldn't seem to stop talking once I started."

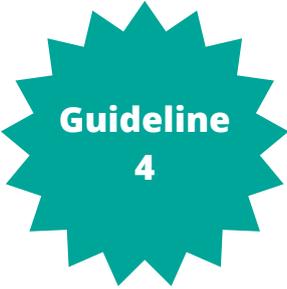
A WhatsApp group has since been established for NBG members and Jane has made good use of this. Her social capital and mental health and wellbeing have improved throughout, as she is now in touch with other young mums who live locally, with whom she can meet up with outside of the group.



Compassionate Support at CrossReach

CrossReach provides high quality, life-changing care and support to those who find themselves in vulnerable situations, from pre-birth to older age. CrossReach Counselling provides clients with a wide range of therapeutic support and counselling from eight services across Scotland, using a donations-based fee model where inability to donate is no barrier to service access. Find out more at crossreach.org.uk.

CrossReach illustrates good practice in relation to:



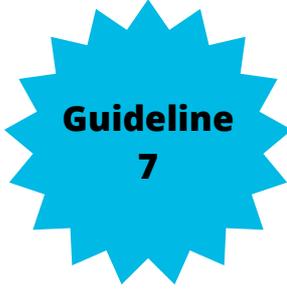
Guideline 4

Supporting Policy into Practice

CrossReach services as outlined within this case study aim to provide mothers, partners, infants and families with positive, compassionate and recovery-focused support. Services are designed to provide stigma-free, person-centred, solution-focused treatment, care and support.

Addressing Stigma at Different Levels

Service user quotes illustrate the safe, judgement-free space that CrossReach services provide in which to explore and express feelings of self-stigma. In Jenny's story, the service shows commitment to a whole-family approach to stigma and addressing intersectional stigma (gender) affecting dads' and partners' engagement.



Guideline 7

During 2022 CrossReach Counselling supported over 1582 families and delivered over 14,900 therapeutic sessions. Clients were supported for an average of 9 sessions, enabling them to overcome stigma, build healthy supportive relationships and fulfil their aims. Support is offered face to face, over the phone and via secure video platforms.

CrossReach has specialist expertise in working with families with addiction issues, with children and young people and those expecting a baby or with an infant up to three years' old. CrossReach has been supporting parents facing perinatal mental health challenges for over three decades, with perinatal services based in Edinburgh, Glasgow and Buckie. As well as one to one counselling therapy, in some locations crèche spaces are offered to allow clients without childcare to engage with and access support, group therapy and additional wellbeing supports.

Compassionate Support at CrossReach

Jenny's Story



Jenny was a stay at home mum, living with her partner and in her early thirties at the time of referral. She had two children, one three years old and the youngest, seven months old. Jenny self-referred following signposting by a local children's charity. She was experiencing perinatal mood disorder as a result of her birth trauma with her youngest child and ongoing relationship issues with her partner. Both children live with health conditions which require ongoing scans and blood tests.

Having previously experienced counselling through the NHS Psychological Hub, Jenny reported that she found that having her feelings validated was therapeutic. She was hoping to develop coping strategies to work through her feelings and relationship issues.

Jenny's initial assessment showed a mild suicide risk. Jenny and her counsellor fully discussed the risk and agreed a safety plan to support her if her feelings spiralled. In addition to therapeutic support, Jenny was being supported by her GP, a support worker from Steps for Moray, and her parents.

Jenny described herself at the start of therapy as “feeling insecure and on the edge within her relationship” and as a result of the birth of their second child. Working in a person centred way, the counselling focused on developing a deeper understanding of her experiences, ways to ground herself when overwhelmed by sadness and also her capacity to recognise her own strength and resilience. As the sessions progressed, Jenny noted that her confidence levels had increased and her anxiety levels had lowered whilst there was an increase in her self-belief and a much greater trust in her own abilities. We discussed the potential for an ending in the light that the client reported “coping a lot better and feeling like the old me.” Jenny appreciated the gradual reduction of sessions from weekly to fortnightly then three weeks. She feels that now “she is happier... she has a happier home for her children”.

Reflections from Jenny's Counsellor:

Although the counsellor did discuss that Jenny's partner would be eligible for Perinatal Counselling (especially when she brought up relationship issues), Jenny felt he would not engage with the service. As a result, Jenny's counsellor now highlights the eligibility of partners to refer for counselling at the Clinical Assessment, rather than waiting until the client brings up any relationship issues, taking a proactive rather than reactive approach.



Compassionate Support at CrossReach

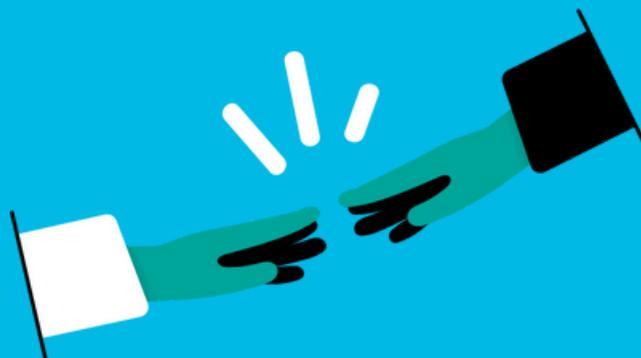
These reflections prompted several improvements. CrossReach now includes the chat about dad's/partner's eligibility for therapy at Clinical Assessment as a matter of course, and reinforce this during therapy, highlighting that the service considers the whole family and supports both parents to invest in their child's development. CrossReach is also collaborating with midwives so they can attend antenatal sessions where both parents are present to receive the message that Perinatal Counselling is open for both.

CrossReach Clients shared their reflections

“ I had a great connection with my counsellor who really understood my experience. I felt someone listened to me for the first time since my baby was born. I could be myself in the room and share my true fears and feelings without being judged. ”

“ I wasn't sure what to expect when I was referred to counselling by my health visitor and couldn't quite grasp why speaking through my problems would change the way I felt. After just the first session I felt a weight had lifted and I began to understand why I was feeling the way I was feeling. ”

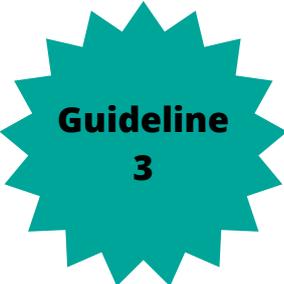
“ Speaking through my pregnancy to birth experience during the pandemic has allowed me to understand why I was constantly feeling this nebulous anxiety. Being the type of person who generally copes well in life, I now realise that my experience was traumatic and coming to counselling has allowed me to process this. When I think of where I was when I started counselling and where I am now I am a different person, feeling much happier and more confident in my ability to parent. ”



A Whole Family Approach - Quarriers

Quarriers support adults and children in the UK who have a physical or learning disability, and provide support to families facing poverty, family breakdown and disadvantage. Find out more at quarriers.org.uk/how-we-help/children-families.

Quarriers illustrates good practice in relation to:



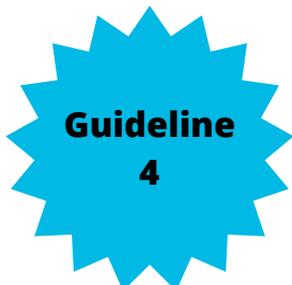
Guideline 3

Inclusive Service Design and Provision

This is an excellent illustration of the whole family approach, of longer-term, consistent care, of a multidisciplinary approach to stigma barriers (accompanying to GP, peer support, relaxation, education courses), and inclusive services (evidenced by continued and tailored support to father experiencing substance use).

Supporting Policy into Practice

This case study demonstrates strong evidence of person-centred, solution-focused treatment, care and support. Knowledge and awareness of perinatal and infant mental health stigma is increased among parents through the training courses that were made available. Effective referral pathways and a multidisciplinary, joined up approach are also clear through the links made with substance use, GP and other agencies.



Guideline 4

Quarriers use a person-centred approach to offer support tailored to each individual. Their maternal wellbeing services offer a range of one to one, drop-in and group support including:

- Postnatal depression group
- Therapeutic photography group
- Antenatal group
- Therapeutic arts group
- Dads' group/dads and kids
- Baby massage
- Laughter and Lullabies
- Relaxation and therapeutic massage/reflexology
- One-to-one support at home
- Counselling
- Creche

A Whole Family Approach - Quarriers

Lisa and John's Story



Lisa and John are a young couple with a 16-month-old daughter, Kayleigh. The couple have recently separated due to John's deteriorating mental health and chaotic polydrug use. Lisa loves John but cannot cope with his chaotic lifestyle and the effect this is having on her own mental health and the emotional wellbeing of Kayleigh due to John missing contact with his daughter.

Lisa had previously just dropped her daughter at nursery and left the Centre. Our Family Practitioner noticed that Lisa looked stressed and upset one day and asked if she would like a coffee. Lisa was able to open up and discuss all her anxieties and fears about being a mum, her daughter's health and her fears that John would die due to his drug use.

Lisa attended our Women's Group where she learned relaxation techniques and received holistic massages. She also received support and advice on how to recognise the signs and symptoms of stress, how to manage this and openly accepted suggestions on ways to help her feel more empowered. She also received lots of peer support. Our Family Practitioner accompanied Lisa to the GP who started her on antidepressants. Lisa also completed our 12-week Postnatal Depression Group where she learned about depression and anxiety and the effect this can have on physical, psychological, and emotional wellbeing.

Kayleigh had been having episodes of apnoea and had been referred to hospital. Understandably, Lisa was terrified to sleep for fear her child would stop breathing. Our Family Practitioner was able to contact the hospital and speak to the Cardiology Secretary and expedite the appointment and Kayleigh was seen within two weeks of the referral. John's mental health deteriorated, but the Mental Health Service would not see him due to his chaotic drug use.

Our Family Practitioner contacted the Glasgow Drug Crisis Centre and the Community Addiction Team and accompanied John and Lisa to his initial appointment where he was immediately allocated a Drugs Worker who, following discussion at their Multidisciplinary Team Meeting, released funding for him to be admitted to the Drugs Crisis Centre for three weeks with a view to going onto longer rehabilitation. Kayleigh is a lovely bright child and our Family

Support Worker was able to explain to her parents how securely attached children were more likely to feel safe and confident.



A Whole Family Approach - Quarriers

Lisa and John's Story continued



Kayleigh has been discharged from hospital with no follow up and no longer has apnoea episodes. Lisa attended our Solihull Understanding My Child's Behaviour Group and once John has completed his detox and is stable, he is also keen to engage with parenting support. He has completed his detox and is in longer term rehabilitation.

Through attending the Maternal Wellbeing Service, Lisa had the opportunity to share her worries and become more pro-active in managing her stress. Our Family Practitioner also referred Lisa for 1:1 person-centred counselling from Glasgow East Alcohol Awareness Project (GEAAP) which is helping her understand how drugs can affect a whole family and explore her own thoughts and emotions within her relationship with John. Lisa has attended our service for a year and has grown into a confident, self-assured young woman who has excellent parenting skills. She has self-belief and her own mental health is much improved. Her Edinburgh Post Natal Depression Scale (EPDS), which can indicate whether a parent has symptoms that are common in women with depression and anxiety during and following pregnancy, has reduced from 18 at the initial contact to four now.

“I thought I was a bad mum and it was my fault John was using drugs. I now know I am a good mum and a good person. I now know that I can bring my child up to be a confident wee girl who I love to bits. My family will never be able to thank you enough for helping us all.”

By supporting John unconditionally, he has grown into a confident young man who in his own words- says:

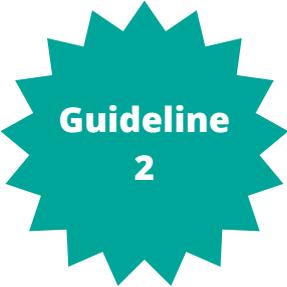
“I don't feel judged here and I don't feel a rubbish dad. Someone has listened to me and doesn't think I am just some mad junkie. I genuinely believe I would have died without all your support. I feel I now have a future and can become a good partner to Lisa and a brilliant dad to Kayleigh.”



Reflective Practice in Home-Start

Home-Start has local community networks of trained volunteers across Scotland, who provide expert support in helping families with young children through their challenging times. Find out more at home-start.org.uk/scotland.

Home-Start illustrates good practice in relation to:



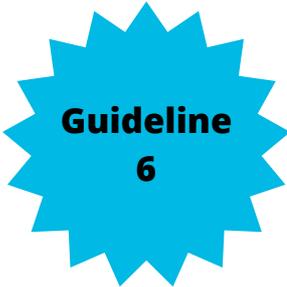
Guideline 2

Leadership Commitment to Mental Health Inclusion

Leadership support has helped develop a culture of reflective practice within Home-Start. The project outlined in this case study demonstrates a commitment to prioritising workforce wellbeing, ensuring that colleagues can be open about their own mental health, access support and support each other.

Workforce Development and Capacity

Encouraging perinatal and infant mental health care professionals to reflect on their practice promotes and supports the development of a knowledgeable, confident and well equipped workforce, able to deliver stigma-free high-quality care, support and treatment that meets the needs of service users.



Guideline 6

The focus at Home-Start is on enabling parents and carers to be the warm, consistent and nurturing adults they want to be so that their children get the best possible start in life. Starting in the home, Home-Start uses a person-centred, individual approach. Home-Start teams can be involved in activities as diverse as offering one-to-one support around perinatal mental health problems, increasing breastfeeding through local support groups, getting children outdoors through gardening and messy play days, tackling the attainment gap in partnership with schools, bringing lonely or isolated parents together to forge new friendships and getting dads involved in antenatal workshops.

Reflective Practice in Home Start

Home-Start recently undertook a new project in Scotland aimed at staff within local Home-Starts in Scotland, supporting families within the First 1001 Days. The aim was to support staff to have a space to think about the families they are working with, to process the feelings that this, often emotive work, was bringing up in them, and to give them the experience of support and validation from their peers.

Implementing Reflective Practice

Managers disseminated information about the reflective practice sessions to their staff, and any interested staff were encouraged to take part. After an initial successful pilot, several blocks of fortnightly 90-minute sessions were set up over a 12-month period, facilitated by a Clinical Psychologist. Sessions used the “Heads and Hearts” model of Reflective Practice (Kurtz, 2021) which provided a clear description of the structure of sessions and allowed us to introduce this new concept to staff, some of whom had not attended reflective practice sessions before.

Beyond Home Start

When a local infant mental health service (Wee Minds Matter) expressed interest in exploring options for local sessions, Home Start, Scotland ran a pilot block of sessions at local level, facilitated by the Clinical Psychologist together with a Psychotherapist from the Infant Mental Health service. Just over 20 staff in total attended at least one reflective practice session.

Outcomes

Although sessions began during Covid, when staff were under high levels of pressure themselves and seeing increasing challenges for the families they were supporting, positive outcomes were reported. Attendees reported, via a focus group and questionnaires, that the groups had a positive impact on their own wellbeing, their confidence in their practice, and the relationships within their team. Many saw an improvement in the interactions, outcomes and experience of families with whom they were working.

Qualitative feedback showed that participants valued having the time to think things through in a different way, to process feelings and have their feelings contained by others in the group, and to have time for self-care in a role that so often focuses on the wellbeing of others.

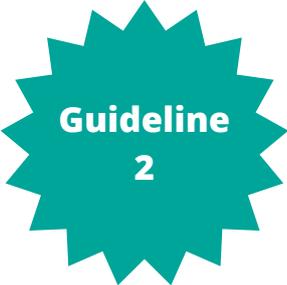
“ Supporting each other in this way really does have a positive impact on the experience families and children receive from us. ”



Working With Dads at Home-Start Glasgow South

Home-Start Glasgow South is a family support charity offering support that helps to give young children the best possible start in life. Find out more at homestartglasgowsouth.org.uk

Home-Start Glasgow South illustrates good practice in relation to:



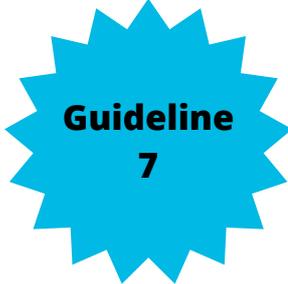
Guideline 2

Leadership Commitment to Mental Health Inclusion

Home-Start Glasgow South present a case study which demonstrates how the team engaged with dads to inform the design and delivery of a new service. Consultation with people with lived experience highlighted the need for a new service providing support directly to dads. The following case study illustrates how this need has been responded to.

Addressing Stigma at Different Levels

Home-Start Glasgow South's work demonstrates an understanding of the intersecting stigmas that new fathers may experience in relation to their mental health, their new role as a father, and the pressures and societal expectations relating to gender.



Guideline 7

Located in the Southside of Glasgow, this service, run by Home-Start Glasgow, is aimed at dads from antenatal, across perinatal and into early childhood. Home-Start Glasgow South work with families to help them overcome issues affecting their lives with a range of family support services. Issues covered include isolation, mental health difficulties, bereavement, family breakdown, addiction, physical ill-health and more.

Working With Dads at Home-Start Glasgow South

Why working with dads is important

Services for dads are often either non-existent or sparse, with little capacity or space for dads to interact or to ask for help. This is in addition to the stigma that causes many dads to believe they should not be asking for help when they are expected to 'be 'strong'. By allowing this stigma to stand, men have not accessed help and it has also not been offered. Dads are seen as the 'parent' or 'partner' or 'family' and not included in the almost universal mother-baby dyad. Dads are often not explicitly mentioned or shown in the literature, leading them to think that help and support is not for them. There is not a whole-family approach.

Engaging with dads

The engagement process began with family support and group workers speaking to dads in families with whom we were already working as part of our core work. Hearing about their experiences of childbirth and how there was a significant lack of resources to support their mental health, especially in the aftermath of a difficult birth, Home-Start Glasgow South looked to improve this by supporting dads directly.

Recognising that support could be provided in a number of ways, Home-Start Glasgow South started by looking at existing provision of 1-1 intensive contacts with dads in supported families. This helped the team better identify the needs of dads, and recognise that further impact could be made by providing a wider range of services. The team planned to run a dad-specific antenatal workshop, a Dads Club in a local school and a group for dads with post-natal support needs.

New services for dads

Home-Start Glasgow South has, over the last eight years, implemented a comprehensive programme for prospective and new dads, focusing on attachment, nurture, strengthening relationships and increasing positive parenting. All activities are developed with the unborn or new child in mind. The aim is for children to be born into households where dads are knowledgeable and can be well prepared for the challenges ahead. Once dads become parents, Home-Start Glasgow South want to ensure that babies and young toddlers are raised in positive environments where they meet their developmental goals and where dads can be supported throughout this process. This work includes one to one support alongside a range of services, a selection of which are described overleaf.

50% of dads surveyed* found their mental health changed when they became fathers.

Of those, only 1 in 3 experienced **32%** a positive change.

23% of fathers were offered mental health support in the post-natal period.

**data from a public survey of 44 dads as part of the Dads Collective work for The Promise*

Working with Dads at Home-Start Glasgow South

Dads Antenatal Workshops

Launched in 2018, these workshops aim to inform dads about their role of support in the birth of their child, how to prepare themselves and to give them an insight into what to expect both during and after the birth and how best to support their partner. Dads discuss the potential impact the birth may have on them, from an emotional and practical point of view. Facilitators work to dispel the myth of dads not being deserving of help; that despite the experience being different for them and not as physical, they do witness the birth from a different point of view, and this can be traumatising. Feelings of powerlessness and exclusion can further compound the problem. Dads need access to mental health service support should it be needed, so dads are provided with a post-event digital pack which includes links to mental health services and offers follow-up support and signposting.

Dads & Weans

This is a peer-support group for post-natal dads. Despite many baby and toddler groups being open to both mums and dads, dads are often marginalised within these groups. This group of dads meet with their under-twos each week to have fun with their children and discuss differences in child raising experience, child development and life in general. The registration survey shows that many dads join this group for help with their own mental health. Dads often express the value of the group in dealing with questions they would not have felt comfortable asking in a mixed group. The community aspect of discussing challenges helps to not only normalise talking about difficulties, but also helps to re-cast the problem in a different light once articulated.

Giving Dads a Voice: the Dads Collective

Scotland's Care Review generated The Promise, which aims to make Scotland the best place to raise a child. In response, Home-Start Glasgow South investigated how well dads have been supported by the care system as well as the broader healthcare system. This included an initial interview with dads asking them questions about the support available to them. During the second phase of the project (started in 2022), the team worked with a small group of dads, allowing for greater intimacy. Five dads regularly attended over the course of the Collective. Dads' experiences within the health system were explored, and also how their mental health was either positively or negatively impacted. These dads also helped design a survey where one of the areas of enquiry was mental health changes in dads and the support offered.

Being Da'

The team have recently launched a podcast, *Being Da'*, adding to existing antenatal work, it looks at various issues affecting Dads in the perinatal stage. It covers what it feels like to become a dad and how bonding with a child, especially after a difficult pregnancy, can be hard. It will also look at bereavement in the same period and the best advice for dads who find themselves having to deal with this.

Working with Dads at Home-Start Glasgow South

Outcomes

These groups have enabled and empowered men to share their mental health and other struggles in a non-judgmental environment, where their experiences have been found to be consistent within the community.

- The Dads & Weans club has enabled dads to share their struggles privately, helping to foster a cohesive, safe group.
- Antenatal workshop participants have given positive feedback; some dads have contacted the service after the birth to share their experience and how much the workshop helped them to be present and prepared during the birth.
- One to one intensive support has a number of variables when it comes to outcomes. Some dads are supported for years, others may have as little as one or two sessions and can then make further progress on their own. Regular reviews demonstrate to dads their own progress, even if they don't necessarily feel it. For the most part, dads will initiate the end of support discussion. They have seen the change in themselves for themselves.
- The Promise work, specifically in the Dads Collective, has allowed men to open up about deeper traumas, helped them find their voice and articulate their situations to the point of being able to act positively in their own lives and destigmatise the need for support.

“Enjoyed that it was particularly tailored towards new dads, with helpful, down-to-earth and practical insights into how you can support your partner both during and after the birth. Really good information also around the birth process such as things that may come up that you might not expect or be aware of which was really good. Finally, very helpful and positive that this support resource exists for dads-to-be and helps to inform and include them more in the birth - a great initiative that I'd encourage all dads-to-be to attend!”

“While I had given thought to all of the topics covered to some degree, the practical tips really brought it all to life in my mind. A lot of the things I worry most about - when to feed, how to bathe and how to keep the baby warm - were covered in detail and I feel a lot more reassured now.”

Working with Dads - Home Start Glasgow South

Key learning points

Many dads have flagged up instances when they were either excluded or felt they needed to earn their place within the perinatal space. This could typically start with the first visit to midwifery services and can persevere throughout the health visitor stage. The focus on mother and baby, whilst important, dismisses the whole family approach, in some cases, even when the dad is the main carer of the child. Home Start Glasgow South have found a consistency in this complaint with dads from across all the various groups and support mechanisms. This exclusion does not contribute positively towards destigmatising asking for mental health help. If the system is structurally geared for only serving mother and baby, it further reinforces the idea that a father's mental health does not count and that he should just 'be strong' and shoulder it. Father-child engagement is a secondary consideration, yet vitally important to positive infant mental health – dads are attachment figures and not just playmates.

Tackling the stigma of mental health is often dealt with best with dads in a community setting, where vulnerability is accepted. Everyone desires to be strong, and in tackling this stigma and beginning to discuss openly what our mental health does to us, we can regain some of that strength and autonomy.

Finally, it is worth noting that a dad needs to be accepted as such and not as a secondary mother. Dad's involvement with his child begins at conception and remains impactful throughout the pregnancy and beyond.



Workforce Training - NHS Education for Scotland

NHS Education for Scotland (NES) is an education and training body and a national health board within NHS Scotland. NES is responsible for developing and delivering healthcare education and training for the NHS, health and social care sector and other public bodies. Find out more at www.nes.scot.nhs.uk.

NHS Education for Scotland illustrates good practice in relation to:



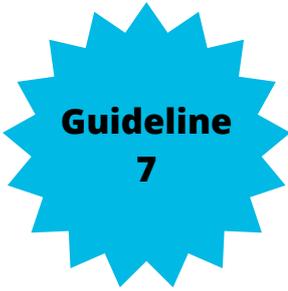
Guideline 6

Workforce Development and Capacity

The NES anti-stigma module was developed in collaboration with people with lived experience to improve workforce knowledge and skills in relation to perinatal and infant mental health stigma. This helps ensure that those working with parents and families have a good understanding of their role in preventing stigma and do all they can to reduce it.

Addressing Stigma at Different Levels

This training module has a strong focus on intersectional stigma. Through case studies, videos, statistics and discussion, it explores how people's individual context and culture can affect the care and support they receive for their mental health during the perinatal and infant period.



Guideline 7

In 2019, the Scottish Government launched a programme of work to increase the provision of perinatal mental health services to women and families in Scotland. NES is implementing the Perinatal and Infant Mental Health (PIMH) curricular framework, delivered through the PIMH programme board, to support this programme. This framework sets out the levels of knowledge and skills required by the Scottish workforce to promote well-being and good mental health during the perinatal period and to intervene when mental ill-health presents. The PIMH framework was a collaboration with partners, stakeholders and those with lived experience of perinatal mental health problems and identifies workforce training needs.

Workforce Training - NHS Education for Scotland

The NES perinatal mental health programme covers three areas:

1. Increasing training places for psychological therapists

NES has been working with higher education institutions to increase training places for psychological therapists, recognising that most families who require mental health support in the perinatal period are seen in primary care or general secondary care services.

2. Addressing induction and CPD training needs for the growing specialist PIMH specialist services

NES collaborated with colleagues in PIMH services to produce a suite of seven e-learning modules, benchmarked against the PIMH curricular framework, and covering essential knowledge for specialist staff. NES also collaboratively produced multi-disciplinary follow-on training for all specialist perinatal staff. Training is delivered across health boards to encourage networking, shared learning and skills building.

3. Perinatal Mental Health Champions training for Universal workforce of health visitors and midwives

The health visiting and midwifery workforce are vital in recognising and responding to the mental health needs of women, infants and their partners. NES commissioned the Institute of Health Visiting (iHV) to provide perinatal mental health champions training for the universal workforce. The iHV Champions programme is a train the trainer model. It supports front line practitioners to enhance their knowledge and skills in perinatal mental health and to take on informal champion roles providing advocacy and leadership.

NES Essential Perinatal and Infant Mental Health - Stigma Module

This module was developed to fulfil the requirements of the Perinatal and Infant Mental Health Curricular Framework: Dimension 4: 'Stigma' for all mental health staff. This includes those working in adult, CAMHS and addiction services, as well as maternity, primary care, health visiting and third sector staff who work in an enhanced role, and staff working within specialist PIMH services. These modules highlight the social, cultural and personal ideas of motherhood and mental health that can act as a barrier to women feeling able to share when they are struggling in the perinatal period.

Workforce Training - NHS Education for Scotland

Module development was influenced by the findings of the MATRIx study [3] which investigated barriers to access. In producing the materials NES were also mindful of the findings of the MBRRACE confidential enquiry reports [4] into maternal deaths. These studies and reports highlight a growing awareness of the inequality of outcomes for women and families from ethnic minority groups, who experience higher mortality rates and higher rates of mental health problems.

The resulting 'Stigma' module supports staff to work in a culturally competent way with families and includes helpful resources to address the impact of stigma and discrimination in the perinatal period. As of January 2023, the Stigma module has been completed by 2,146 people.

“ This module supported me to reflect on women from different backgrounds and the implications that maybe impact on accessing Perinatal Mental Health Services. ”

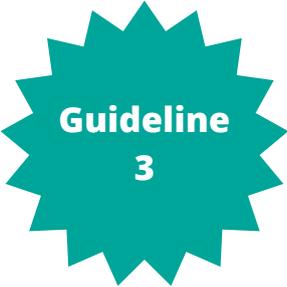
“ Thought-provoking statistics and discussion from women from diverse ethnic backgrounds highlighting the ongoing issues with systemic racism in healthcare. ”



Respectfully Engaging with Lived Experience

This is a collaborative project which has brought together partners including: Parent and Infant Mental Health Scotland, NHS Scotland, the Scottish Government, and Healthcare Improvement Scotland.

This case study illustrates good practice in relation to:



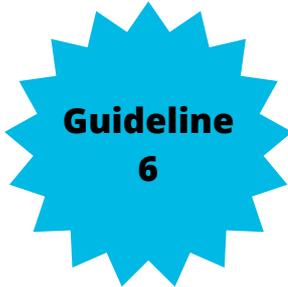
Guideline 3

Inclusive service design and provision

This case study describes an educational workshop focused on respectful engagement and developed based on input from a lived experience group. It demonstrates how lived experience voices can inform education and practice to help reduce stigma and discrimination.

Workforce development and capacity

Training in how to engage respectfully and meaningfully with parents and families is a key element in building a workforce that has the knowledge, skills and confidence to approach mental health issues in an inclusive and compassionate manner.



Guideline 6

Parent and Infant Mental Health Scotland (PIMHS) is a membership-based Scottish Charity. Members include professionals working in the perinatal mental health field, women with lived experience of perinatal mental health issues and others with an interest in this work. PIMHS looks to improve the provision of perinatal mental health services throughout Scotland for women, their partners and families.

Respectfully Engaging with Lived Experience

This project aimed to bring information and conversation around how to respectfully engage with people with lived experience to include them in service design and development, to NHS Scotland perinatal and infant mental health teams. It highlighted voices of lived experience and also challenged healthcare professionals to consider what barriers exist to inclusivity when working with people with lived experience. It aimed to ensure all boards and mother-baby units (MBUs) were actively working with people with lived experience.

Workshop development

A presentation was developed based on themes arising from discussions with an Experts by Experience group of birthing people with lived experience of using perinatal mental health services. Working alongside Healthcare Improvement Scotland's (HIS) Community Engagement team, this was transformed into a longer interactive workshop with an additional section around diversity and inclusivity. The workshop included a lot of prompts for group discussion to encourage healthcare providers to engage with the topics that came up, and to reflect on how this related to their own service's relationship with lived experience.

Workshop delivery

The workshop was delivered by Parent and Infant Mental Health Scotland (PIMHS) to all health boards and MBUs online during the autumn and winter of 2022-23. Teams were encouraged to come up with their own ideas after hearing a series of quotes from people with lived experience. The Participation Officer from PIMHS helped to facilitate conversation and guide participants to points that hadn't been considered, particularly ensuring that the section on diversity and inclusivity did not miss out any minoritised communities. For most of these workshops, a HIS community engagement officer was present and did a short talk afterwards on how HIS could help support boards to engage effectively with lived experience. Healthcare professionals in attendance at these workshops included psychologists, midwives, occupational therapists, mental health nurses, a social worker and health visitors. For rural areas, local third sector organisations were also invited as perinatal and infant mental health teams were not set up yet, and mother and baby groups were a key link to parents. In one workshop, a person with lived experience also joined.



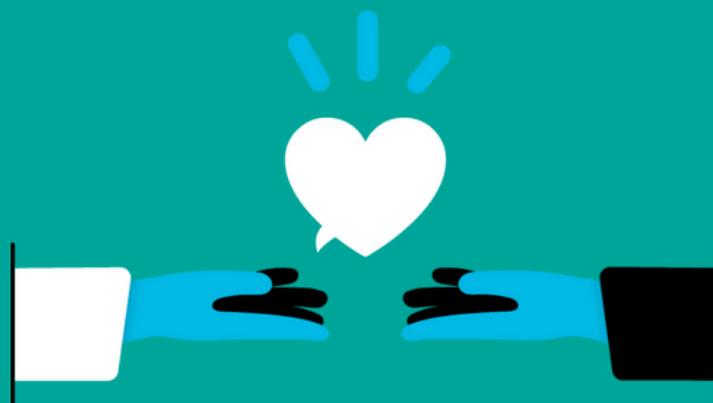
Respectfully Engaging with Lived Experience

Outcomes

All services supporting families with infant and perinatal mental health needs have had representatives attending workshops. A central link was set up for people to engage with while doing this work. Feedback from the workshops was very positive, as many teams did not have existing understanding around how to diversify inclusive methods of engagement. The diversity and inclusivity section brought up gaps in knowledge for many teams, so these discussions were very valuable. Some teams have already been re-engaging regarding support and advice around new projects that they have taken on, such as creating a group for lived experience to feed into the service. It is clear that this initial project will need to be followed up by further workshops with the boards.

Key Learning Points

- Engaging with lived experience respectfully requires specific consideration for parents. This includes the need for things like remuneration, which is often overlooked.
- It is essential to engage with people with recent lived experience to design services around their needs specifically. For example, ensuring that in these services there is places for baby changing and breastfeeding.
- It is essential to approach lived experience from an inclusive perspective, otherwise we create a very narrow view of what lived experience looks like.
- Interactive, discussion-heavy workshops are very effective at getting healthcare professionals engaged with content, even though this is not their 'norm' for training.
- When creating content around lived experience, we should start with actual lived experience voices.



References

[1] See Me is Scotland's national programme to end mental health stigma and discrimination <https://www.seemescotland.org/>

[2] MHF is See Me's learning and evaluation partner
<https://www.mentalhealth.org.uk/scotland>

[3] MATRix study, City University London: <https://www.matrixstudy.org/>

[4] MBRRACE UK, Oxford: <https://www.npeu.ox.ac.uk/mbrpace-uk>



See Me

End mental health
discrimination

Thank you for taking the time to read, reflect and learn about tackling mental health stigma and discrimination in perinatal and infant mental health.

Together we can create the movement to end mental health stigma and discrimination.

Contact info@seemescotland.org with any questions you may have, or to share your insights.

Additional resources and support can be found at www.seemescotland.org

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