

# Maternal Mental Health Alliance Strategy 2023-2026



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# Introduction

**The Maternal Mental Health Alliance (MMHA) believes that all new and expectant mothers have a right to high quality support and compassionate care for their mental health. Reaching out to meet the needs of all women is at the heart of our strategy and with this comes a need to embrace a new strategic direction for the organisation.\***

The MMHA has achieved so much in bringing perinatal mental health to the fore. We can now say that across all four nations, there has been significant investment in **specialist perinatal mental health services** for women experiencing the most severe conditions, and this has gone a long way to address the significant need in this area. But we always knew that this was just the start and that there were major gaps for women with more common mental health needs such as depression and anxiety.

\* We recognise that perinatal mental health issues affect women, gender diverse individuals and people whose gender identity does not align with the sex they were assigned at birth. We will campaign for high-quality support and compassionate care which is inclusive and sensitive to the needs of everyone.

It is now estimated that at least 1 in 5 women develop a mental illness during pregnancy or within the first year after having a baby. This can have a devastating impact and we know it is often left unrecognised, undiagnosed, and untreated. Despite evidence of the prevalence and long-term consequences for mothers and babies, maternal mental health does not receive anywhere near the level of attention or investment as physical health.

- The most common major health complication of maternity is depression
- Mental ill health is one of the leading causes of death in the perinatal period
- Outcomes are not the same for *all* women; there are disparities for women from black and minority ethnic communities, young parents and those facing additional adversities such as domestic abuse and deprivation

This takes us into a new and more complex landscape. We need to know more:

- What does 'great' support look like for women experiencing maternal mental health issues during pregnancy and in the year after giving birth? What really matters to women at this time?
- What happens to those women who do not find the right help at the right time? How can we make the invisible visible?
- Is the importance of maternal mental health recognised and understood across the wider public? How can we educate, raise awareness and challenge stigma?

As we broaden our scope to ensure we understand the needs of *all* women experiencing mental health difficulties during pregnancy and after having a baby, we will listen to their stories and deepen our understanding of what matters most. We have a responsibility to use our influencing and campaigning voice as an Alliance to champion high quality compassionate services as well as amplifying the social, economic, and cultural factors which impact on maternal mental health.

**Collaboratively with our members, we will strive to take a leading role and stand up for change. All mothers, babies and families deserve that from us.**



## Our ambition

That all women across the UK have access to compassionate care and high-quality support for their mental health during pregnancy and for two years after giving birth.

## Our purpose

- We will not stop until every woman is able to easily access the right support at the right time
- We will not stop until there is parity of care and investment for mental health with physical health during the perinatal period

## The external context

The emerging geo-political landscape suggests that there will be unprecedented levels of political, social and economic instability including mass migration and climate disasters. These pressures along with our collective experience of the pandemic have changed perspectives and inevitably impact the landscape in which the MMHA operates.

- Existing systems to deliver public services are not working well for too many people in our communities. A light has been shone on health inequalities including racial disparities, significantly higher levels of poverty and an escalation of gender-based violence and abuse.
- Pressures on the health service and voluntary community sector have been exacerbated by a workforce crisis at the same time as huge increases in demand for mental health support.
- The funding landscape is in a state of flux impacting the MMHA and wider perinatal mental health sector, with changes to public giving behaviours, strategic shifts across charitable foundations and new health commissioning structures.

This has huge implications for new and expectant parents. It is incumbent on the MMHA to speak out when we see political cultures, policy decisions and social and cultural values and norms impacting on the wellbeing of women, babies, and families across our communities.



# How we work

The MMHA is fortunate to develop its strategy on the back of a ground-breaking legacy and the success of the **Everyone's Business Campaign** over the past 11 years. The MMHA has been a catalyst for similar movements for change **internationally**, directly inspiring the development and launch of the **Global Alliance for Maternal Mental Health (GAMMH)** and the **African Alliance for Maternal Mental Health (AAMMH)**.

Our impact is built on the strength of **our membership** and networks ranging from grass roots campaigners to our political allies and Royal patronage. This gives us the opportunity to be as ambitious as ever in imagining what can be achieved.

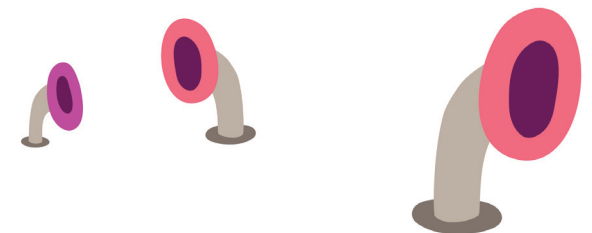
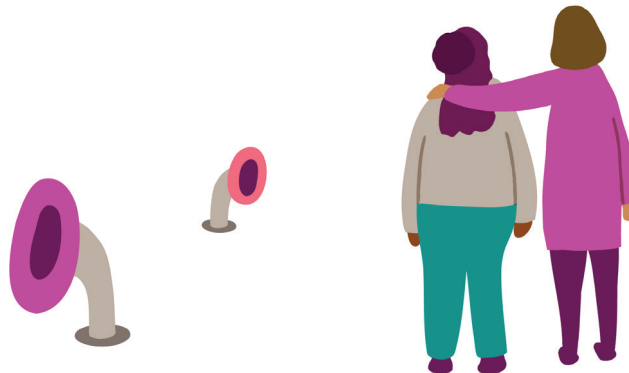
## Members and Champions

Our Alliance is a large network of member organisations and **individuals with lived experience** of maternal mental health problems. We are all dedicated in a range of ways to achieving our shared ambition. We know we have the most impact through collective influencing.

- We campaign and lobby to make the case for high quality support and compassionate care for maternal mental health.
- We bring the maternal mental health community together and make change happen by combining the power of real-life experience with clinical and professional expertise.
- We are a catalyst to support members and champions to build agency and leadership to make change for the better.
- We tackle inequity and injustice for women during their maternal experience, raising awareness and challenging stigma.

Given our size and our commitment to all women, we are building on the strengths of a larger and more diverse set of organisations and individuals committed to our ambition. A new Engagement Strategy will be developed during the first year of this strategy to:

- Leverage our collective strength as a movement to increase our reach and impact
- Lead the Alliance as advocates, enablers, convenors, and facilitators
- Ensure we have diverse representation from all organisations and groups with whom we can successfully achieve our aims and tackle inequity and injustice
- Sustain meaningful engagement with our members and champions as we grow
- Ensure we provide equitable engagement across all four nations of the UK
- Develop new ways to listen and learn from more diverse voices
- Amplify the voices of parents who are too often ignored and unheard



## Continual learning

The MMHA engages closely with academic partners in the field of perinatal mental health research, and we will play an important role in bringing new evidence into the forefront with members, policy makers and the wider public.

### We will:

- Ensure we are always abreast of current research on perinatal mental health
- Continue to provide opportunities to bring together the voices of lived experience and researchers as appropriate
- Convene learning opportunities and disseminate research across our networks
- Explore opportunities to influence commissioning of research where gaps are identified in relation to perinatal mental health

## Running the charity

The MMHA runs as efficiently and effectively as possible to maximise our impact and make best use of our funds.

- **Fundraising** activity is our priority for the coming years, and our Income Generation strategy continues to prioritise applications to charitable foundations alongside building new corporate prospects.
- **The Team** will continue to home-work with regular face to face meetings in London. This model is highly efficient and allows us to direct almost all our funding to meet our purpose. Our new Terms and Conditions are supportive and flexible with equity, diversity, and inclusion at the heart. An ongoing focus on professional development is vital for the future performance of the MMHA and we will maximise opportunities for learning.
- **Governance** is always a priority for the MMHA, and our diverse board of trustees demonstrates robust and reflective leadership. There is a recognised need to review the MMHA constitution and closely monitor our governance processes.
- **Communications** are at the heart of everything we do. We are an important voice representing our members and our champions and engaging with politicians, policy makers, media and the wider public. As we develop our new website during the first year of this strategy, we will review our strategy to ensure we have the greatest reach and the greatest impact to achieve our ambition.

## Our strategic priorities





# 1. Reaching all women

## *Equity, diversity, and inclusion*

### Objectives

- That the intersection of all women's experiences are understood by those involved in provision and delivery of services resulting in care which is consistently compassionate and non-judgemental
- To significantly improve mental health outcomes for people who experience discrimination, trauma, and deprivation during the perinatal period by tackling systemic injustices and structural inequalities

The MMHA campaigns for every woman, baby and family in the UK to receive the perinatal mental health care and support they need before, during and after pregnancy. Experiences of maternal mental health problems can be devastating for women, families, friends, and colleagues.

We know that not all mothers and their families receive the care they need. This can be due to lack of provision, stigma, and isolation. For some communities and groups, accessing and getting quality care can be especially difficult, and we know there are additional barriers for women facing multiple disadvantages and systemic inequality. Trauma, deprivation, and discrimination impact heavily on the experiences of new and expectant parents.

- The pandemic was incredibly hard for expectant and new mothers, isolated from support

including during the birth experience. The MMHA commissioned report highlights that some groups of women were impacted more than others.

- MBRRACE Reports consistently show that women of colour, women from deprived communities and those facing additional adversities including domestic abuse are significantly more likely to die during the perinatal period.

Many women do not expect to have a positive experience of public services which are too often seen as punitive rather than supportive – the fear of child removal looms large. It is often the voluntary community sector who are trusted by women and are integral to bringing about equitable access to care. The trusted and non-judgemental relationships they foster are at the heart of our commitment to equity diversity and inclusion.

### What will we do?

- We will survey new parents to better understand experiences of mental health during pregnancy and after birth, exploring issues of trust, access to and experiences of care and support.
- Our **Amplifying Maternal Voices project** is a partnership with the Mental Health Foundation and local grassroots organisations supporting black and minority ethnic women and young mums. We will co-produce a toolkit and disseminate the learning across the sector to improve outcomes.
- We will listen to voices of women facing additional challenges and experiencing inequalities such as domestic abuse, addiction, child removal, contact with the criminal justice system and poverty to influence our future work.
- We will champion the rights of all people who face discrimination during pregnancy and after birth, including people from racially minoritized communities, disabled people, LGBTQ+ people, and those experiencing multiple adversities such as poverty, addiction, homelessness, violence, abuse and exploitation.

You are NOT alone





## 2. Raising awareness

### *You are not alone*

#### Objectives

- To raise public and professional understanding of and empathy with women's experiences of maternal mental health issues
- To inspire sensitive, nuanced, and hopeful narratives about maternal mental health with influencers, media, employers, politicians

#### Background

When women hear stories from others experiencing mental health difficulties during pregnancy and after birth, it can feel as though they are thrown a lifeline. Women tell us time and again that they wish they had known more and had got help earlier. We know that when people are asked about their mental health sensitively and routinely by professionals, fear and stigma can be alleviated and they can access the help that they need. Perinatal mental health becomes normalised.

This is why raising awareness and challenging both the stigma of mental health and judgements so often experienced by mothers is at the heart of our strategy. Our aim is to act as a catalyst for wide scale education, not only at pre-conception stage but for everyone across the life course; maternal mental health affects everyone, our family, friends, and workplace. We see this as preventative: it has the potential to make an impact for generations to come.

The MMHA has a wide reach, and we are ideally placed to ensure perinatal mental health is better understood. Features in the media and stories from lived experience help to raise awareness and reduce stigma and fear.

- We need to understand more about the level of public awareness of maternal mental health in comparison to physical health during pregnancy and after birth.
- We need to better understand which messages are most compelling to the public, media and politicians and which platforms reach more people.
- We need to be seen as a provider of robust information when people reach out to us for help and advice.

Our intention is to raise our voice and be bold at the right times to shine a light on maternal mental health. Our members ask this of us.

#### What will we do?

- Sustain an active and engaged relationship with **our new patron HRH Princess of Wales** including holding a public event on an annual basis.
- Commission a population-wide poll to ascertain levels of public awareness of maternal mental health in comparison to physical mental health.
- Convene and host events and roundtables throughout the year to raise awareness of specific themes impacting on maternal mental health.
- Build on our relationships with a range of corporate partners to raise awareness across the workforce and help shape compassionate employee policies.
- Develop our communications and digital strategy and seek funding to enhance our website activity for those seeking help for perinatal mental health.
- Explore possibilities to work with an expert communications agency to identify how narratives about perinatal mental health can best spark change.



## 3. Excellent services

### *What does great look like?*

Maternal mental health is the greatest health complication during the perinatal period and the leading cause of death in the first year after birth. But it remains the case that it still does not receive anywhere near the level of attention or investment as physical health. This is despite a robust evidence base; the economic case as well as the stark human cost is well known.

- Perinatal mental health issues affect 1 in 5 new and expectant mothers and 70% of those underplay or hide the severity of how they are feeling.
- Consequently, only 50% ever have their mental health needs identified and of those, only 50% receive treatment.

Parity of esteem between mental and physical health services is something that has been recognised in government policies, for example, the Health and Social Care Act in 2012 introduced legal duties to improve mental health services alongside physical ones. However, in the perinatal period resourcing, training and awareness for mental health is not at an equitable level to physical health concerns, and there is still an urgent case to be made for parity of care.

Investment and resources for excellent perinatal mental health services must not be seen as an 'added luxury' but as an essential element of care.

#### **Trauma and Perinatal Mental Health**

Over the past few years Trauma Informed Care (TIC) has influenced policies and practices across many public services. The perinatal mental health sector recognises birth trauma well, but this is not the case for childhood and current trauma outside of the birth experience. A lack of understanding of the crucial links to poor maternal mental health results in missed and lost opportunities.

Many women who have experienced adverse childhood experiences and/or trauma in adulthood are given a diagnosis of Personality Disorder, which tends to locate the problem within the individual personality and therefore is untreatable. There is a growing body of evidence to suggest that for these women a more appropriate alternative would be Complex Post-Traumatic Stress Disorder (C-PTSD), more commonly associated with men who have experienced trauma such as veterans. The major difficulties in life and the distress that C-PTSD causes can be reduced by trauma informed approaches to support, care, and treatment.

We now know that experiences of trauma have a pervasive effect on a person's mental health, and this is exacerbated in the perinatal period. Indeed, clinicians tell us that approximately 60-70% of mothers accessing specialist mental health care have a background of complex trauma and 1 in 3 are experiencing domestic abuse.

- Developing TIC across the pathway would ensure that support and care is specifically designed to reach out and meet the needs of women who experience adversities such as trauma, deprivation, and discrimination.
- TIC embeds principles of equity, diversity and inclusion, choice and consent, compassionate care, integrated pathways and importantly, care of staff.
- Trusted and non-judgemental relationships are the cornerstones of TIC which is always underpinned by listening to women's experiences.

Evidence suggests that a trauma-informed framework is likely to improve outcomes for all mothers, babies, and families during the perinatal period, regardless of the existence of additional challenges or vulnerabilities.



## Specialist Services

### Objectives

- Women, babies, and families from across all four nations of the UK have access to sustainable high-quality **specialist perinatal mental health care**
- The MMHA will continue the Everyone's Business campaign to ensure investment is prioritised by government, with money pledged and spent on specialist services

### Background

Clinical support for the most severe perinatal mental health problems has the biggest potential impact of all psychiatric practice and we know that the treatment works well in most cases. The past ten years have achieved so much, as demonstrated by the success of the MMHA's Everyone's Business campaign.

At a time when demands on mental health services are so high, we need to keep up the pressure and make sure these successes are sustained. Concerns that promised money has not materialised and posts remain unfilled are very real. There is still an urgent need to make the case for specialist services, despite the progress that has been made.

### What will do we?

- We will publish a briefing on the state of specialist services, this will include:
  - a new map to provide a clear picture of where we have high quality specialist services across all parts of the UK, and where we do not
  - a breakdown of levels of investment into specialist services compared with what has been expected
- We will focus on quality, with particular attention to how women and babies are able to access specialist services and what happens to those who do not
- We will lead and support our members to influence the new health structures to ensure high quality perinatal mental health is understood and prioritised in commissioning arrangements



# Universal Services

## Objective

- That there is a well-resourced, confident, and competent workforce across universal services, providing high quality and compassionate support for all women and their mental health during the pregnancy and postnatally

## Background

The MMHA seeks to **Make All Care Count** by campaigning for an Integrated Model of Care, bringing perinatal mental health into universal services as a priority. The rationale is compelling – women have on average 16 appointments with health visitors and midwives during the perinatal period. As already happens in some places, specialist midwives and health visitors in this model:

- Provide supervision, training, and strategic oversight to a well-resourced workforce.
- Work closely with practitioners providing psychological interventions as well as providing low-intensity interventions themselves.
- Set up relevant collaborative arrangements and co-ordinate care across a **multi-agency pathway** including GPs, family hubs, social services, and the voluntary and community sector.

Specialists within universal services who focus entirely on perinatal mental health are vital to bring about the change we want to see. The MMHA will continue to make the case for this model,

but it is clear that these roles need to be part of a well-resourced workforce. Given the long-term recruitment and retention crisis and fragile investment, the MMHA do acknowledge the reality of the current context.

At the same time, we must not lose sight of the fact that maternal mental health is the greatest health complication during the perinatal period and the leading cause of death in the first year after birth. We might assume that the most severe perinatal health problems have the worst outcomes, but it is 'more common' conditions such as depression and anxiety that can have the most devastating impact.

- If postnatal depression is left untreated, we know that mental ill health continues for a further 11 years on average.
- There can be an intergenerational effect, with mental health problems in mothers increasing the risk of long-term emotional and behavioural problems for children, which often persist into adulthood.

This is neither irreversible nor inevitable. Support for women, babies and families' mental health at this time must be treated as an essential element of care on a par with physical health complications during this time. This ambition is shared widely across universal services. Professionals tell us that there is a lack of capacity, clinical support, and training to provide the right care and support at the right time.

There is a strong rationale to move from a prescriptive 'one-size-fits-all' to a model based on

the principle of 'proportionate universalism', where services are delivered at the scale and intensity required to meet individual needs. The challenge across the pathway is to become flexible enough to maintain safe and efficient care whilst allowing for nuance, complexity, diversity, and creativity. This would involve a localised holistic approach, working with the voluntary community sector as equal partners. A trauma-informed response is the framework within which these ambitions could be achieved.

## What will we do?

- We will listen to front-line professionals to understand experiences of PMH, including perceptions of confidence, skills, and competencies.
- We will campaign for statutory requirements of perinatal mental health training and reflective practice supervision for health visitors and midwives across the UK.
- We will review and collate current evidence in national policies, clinical guidelines, reports, and research recommendations for best practice to share across universal services and influence the development of new services.
- We will campaign and raise awareness of trauma-informed care across the perinatal mental health sector.

LISTENING to WOMEN

Making the INVISIBLE VISIBLE



## 4. Listening to women

### *Making the invisible visible*

#### Objectives

- To ensure the experiences of women and families are heard, and that their voices influence change and improve systems, policy and practice
- To articulate a clear account of 'what good looks like' for all women experiencing maternal mental health problems

#### Background

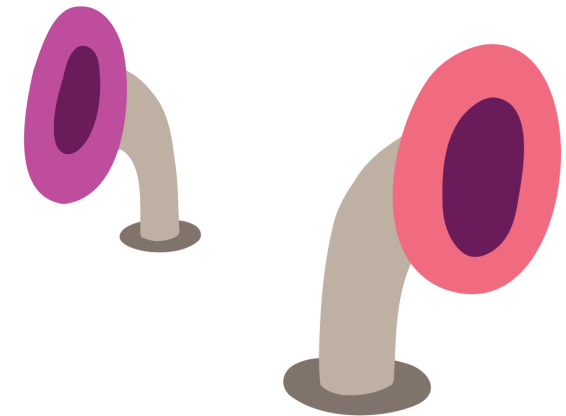
We believe that hearing **stories about the maternal mental health** journey from a diverse range of voices is fundamental to meet our ambition. This means being open to change based on what we hear.

Our starting point is to listen to women and hear their experiences to learn how we might rebuild perinatal mental health support from here, rather than adapting the existing system to fit women within. Only when we listen to unheard voices can we learn what is needed to reverse the disparities of outcome.

For many years, the public sector has been seeking to make the system work better for everyone and this is true for perinatal mental health. Systems have grown up to support women, babies, and families during pregnancy and after birth and strive to intervene in a way that is both efficient and effective.

However, the pressures and expectations on the workforce can contribute to actions and decisions which are skewed towards meeting service needs rather than the needs of the women. This especially impacts those who have experienced trauma, discrimination, deprivation and other challenges and may not easily engage with services. There is always a tendency to filter out those experiences that do not fit the existing narrative. We want to listen even when this means we may need to challenge orthodoxies.

Listening to women is at the heart of this strategy and will help us better understand 'what good looks like' and potentially realise the full impact of failing to deliver an equitable service for families and communities across generations.



#### What will we do?

- We will seek to learn about protective factors and stories of hope, as well as where the barriers exist
- We will continue to listen to the voices of women who have experienced racism and to young mums through our Amplifying Maternal Voices project.
- We will listen to women who have experienced challenges such as domestic abuse and addiction which we know impacts so heavily on maternal mental health.
- We will explore the gap between what 'should' happen and how this is experienced in reality as we listen to women's stories. This will bring us a fuller and deeper understanding to our campaign.

You are NOT alone

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### Our funders

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