mums and babies in mind

Supporting local leaders to improve perinatal mental health services

Leaders' Top Tips 6

Making Change Happen:
Leadership, improvement and how to make a difference

Photo: Leigh Kendall, NHS Horizons @leighakendall @horizonsnhs

Mums and Babies in Mind (#MABIM) is a Maternal Mental Health Alliance project supporting local leaders to improve services and care pathways for mums with perinatal mental health problems and their babies.

We work in Blackpool, Gloucestershire, Haringey and Southend, and capture and share our work to inform and inspire other commissioners and providers across the UK.

The project is hosted by The Mental Health Foundation and funded by the Big Lottery Fund.

The MABIM Leaders' Programme brings together leaders from a wide range of different services and professional backgrounds to:

- Learn from leading experts in policy, research and practice,
- Be inspired by those who are making a real difference to women's lives,
- Talk to parents with lived experience and hear their views,
- Meet and share experiences with peers from other areas, and
- Share learning and develop new solutions to difficult challenges.

We are organising nine 'masterclass' events for our leaders, each on particular themes relating to perinatal mental health. After each one we produce a Top Tips document – like this one – to share the insights and ideas with a wider audience.

This is the sixth Top Tips document in our series. Others can be found on the:
www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools

MATERNAL MENTAL HEALTH ALLIANCE
Awareness Education Action

Mental Health Foundation

LOTTERY FUNDED
BIG LOTTERY FUND

Our sixth masterclass: making change happen

The sixth masterclass, on 24th January 2018, was different to previous events. Rather than focusing on a specific aspect of perinatal mental illness and service delivery, we focused on how leaders can make a difference in their services and systems. The leaders attending the masterclass asked us to cover this topic to help them use their passion for perinatal mental health to deliver real change for women and their families.

We were joined by seven great speakers who talked about different aspects of change, service improvement and leadership:

10 Things FAB TEAMS DO! They...

Illustration: Leigh Kendall, NHS Horizons @leighakendall @horizonsnhs

Harriet Hunter, Head of Organisational Development at the Scottish Government: talked about relationships and their role in change.

Sarah Reed, Improvement Fellow at the Health Foundation: described theory and research about successful and sustainable quality improvement and shared examples.

Dr Alain Gregoire, Clinical Lead for MABIM and Chair of the Maternal Mental Health Alliance: described the Future, Engage, Deliver model of Leadership.

Dr Abigail Easter, Senior Postdoctoral Fellow at the Centre for Implementation Science at Kings: introduced the group to improvement science and what it tells us about how to translate knowledge into practice.

Milli Hill, Founder of the Positive Birth Movement: shared her work in establishing a global movement for change.

Suzette Woodward, National Campaign Director for Signs of Safety: talked about the importance of conversations in ensuring patient safety.

Eve Canavan BEM, a mum and campaigner: shared her lived experience as a mum with postpartum psychosis, and how she has used her lived experience to help make change happen.

The Group also watched two TED talks: **Atul Gawande's 'How do we Heal Medicine'** and **Simon Sineks's 'How Great Leaders Inspire Action.'**

This document captures the key messages from our speakers and the discussions at the masterclass.

How do you channel your frustrations with the system: Are you a troublemaker or a radical?

Source: Helen Bevan, School for Change Agents

Troublemaker	Radical
Complain	Create
Me-focused	Mission-focused
Anger	Passion
Pessimist	Optimist
Energy-sapping	Energy-creating
Alienate	Attract
Problems	Possibilities
Alone	Together

The Importance of Relationships

Harriet Hunter from the Scottish Government talked to us about the importance of relationships in driving change and improvement. She described how methods of service improvement matter, but they will only work if the relationships are right. She explained how relationships become 'stuck' and how to tackle this.

There are psychological pay-offs for keeping relationships 'stuck' in a difficult place. Having an open mind to change our perspective on a person or issue involves admitting that we may not be right, and this can feel like it puts us in a vulnerable place. Changing a relationship involves changing ourselves. Shifting the dynamic in a difficult relationship requires someone to make the first gesture and adapt our behaviour.

"The thing I can change is me."

5 reasons relationships get stuck

1. Labelling and the 'generalised other'
2. Splitting
3. Debate no dialogue; no inquiry
4. Failure to empathise; see situation from their side
5. Psychological pay offs for staying stuck

Harriet explained transactional analysis, as an example of 'stuck' relationships, and Karpman's 'Drama Triangle'. The Karpman Drama Triangle sets out three roles in conflict: persecutor, rescuer or victim. This enables us to think about the roles we and others adopt in our relationships, and to gain new perspectives on how we behave, think and act. Harriet also introduced Emerald's 'Winner's Triangle' which suggests the alternative roles of creator, challenger and coach.

It's all your fault!

- Critical, blaming, controlling, sense of superiority
- Act in own interests
- Part of their goal is to punish
- Often Critical Parent

The Drama Triangle

Persecutor — Rescuer — Victim
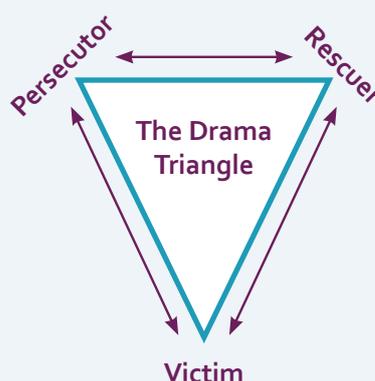
Poor you! Let me help

- Concern for the victim
- Take over the thinking and problem solving
- Do more than their share
- Do things they don't want to do
- Often Nurturing Parent

Poor me!

- Powerless, helpless, stuck
- Act as if they don't have the resources to solve their problem
- Act and think from a Child position

- Ask for what they want
- Says no to what they don't want
- Gives feedback and initiates negotiation
- Makes changes in order to get their needs met
- Does not punish
- Skills: assertion skills
- Act and think from Adult

The Winner's Triangle

Challenger — Coach — Creator
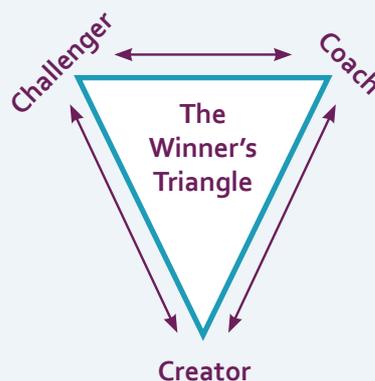
- Do not do the thinking for others
- Do not take over unless asked (and they want to)
- Do not do more than their share
- Do not do things they don't want to
- Skills: listening and self awareness
- Act and think from Adult

- Can problem solve and think in an Adult way
- Aware of their feelings and uses them as information
- Skills: problem solving and self awareness

Images from Harriet's slides.

Harriet has written a book about change leadership Relational Change: The Art and Practice of Changing Organisations (Bloomsbury, 2016)

Successful and Sustainable Quality Improvement

Sarah Reed from the Health Foundation presented on quality improvement.

Sarah explained that there is no single definition of quality improvement, but it usually implies a systematic approach that uses specific methods and tools to improve quality. Some of these approaches include Lean, Six Sigma and PDSA.

Key principles of quality improvement include:

- Using data to understand the problem

- Involving staff in both identifying problems and designing solutions

- Using small scale trials to learn, adapt and improve

- Continuing focus on, and involvement of, end users.
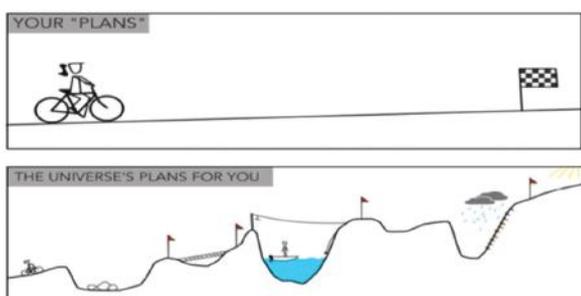

16/01/18   Intro to Improvement   The Health Foundation

Leaders should build improvement capability at every level and foster a climate where teams have time, space and 'permission' to improve...

Are you too busy to improve?

No thanks!

We are too busy

16/01/18   Intro to Improvement   The Health Foundation

Benefits of QI can be huge, but no short cuts to success...

YOUR "PLANS"

THE UNIVERSE'S PLANS FOR YOU

Sarah described that, in reality, context and relationships have much more impact on the success of any quality improvement(QI) work than the QI method alone.

Key elements of successful quality improvement include:

- Common sense of purpose and buy-in from everyone involved.

- Making quality improvement a continuous process for everyone, not limited to an isolated project or stand-alone time.

- Taking time. Spotting and seizing opportunities.

- Giving people time, permission and space to reflect, and the ability to learn and adapt.

- Accepting that it won't be easy: it's ok to try, fail and learn on the way.

- Being open to being wrong.

- Creating a culture of learning.

- Collecting and using qualitative and quantitative data.

- Taking collective responsibility. Acknowledging, talking about, and forgiving mistakes.

Sarah explained how understanding why an intervention is working requires understanding not just what individuals do, but the wider context in which they work. This can be hard because:

"like fish in water, we don't see culture because we are immersed in it."

For more of the Health Foundation's work on quality improvement, see www.health.org.uk/theme/quality-improvement

Understanding Implementation Outcomes

Abigail Easter from the Centre for Implementation Science described the gap between evidence about what works, and what happens in practice, and the role of implementation science in closing this gap.

The success of an intervention is not just about the intervention itself, it is also about the context and how it is implemented. Paying attention to 'implementation factors' can help ensure that an intervention that works in one context can be successfully transferred to other settings. This involves understanding things such as:

- Intervention characteristics – what bits matter, why does it work, what can be adapted.

- Context and implementation – people, team, organisational culture, the system, the policy context, methods for roll out etc.

There are a number of strategies available to improve the adoption, implementation and sustainability of an intervention. These include, for example, supporting clinicians, engaging patients, changing the infrastructure, evaluating and iterating the approach, and tailoring the intervention to the context.

Measuring 'implementation outcomes' allows us to understand why an intervention may not be delivering its desired objectives– is it due to the intervention itself, or how it's been implemented?

Implementation Science

'the scientific study of <u>methods</u> to promote the <u>systematic uptake</u> of clinical research findings and other evidence-based practices into <u>routine practice</u>, and, hence, to improve the quality and effectiveness of health services.' Eccles and Mittman, Implementation Science, 2006

'It supports innovative approaches to <u>identifying, understanding and overcoming barriers to the adoption, adaptation, integration, scale-up and sustainability</u> of evidence-based interventions, tools, policies and guidelines.' NIH 2015

Implementation Outcomes	
1. Acceptability	Degree to which an intervention is perceived to be agreeable
2. Adoption	Intention to adopt or initial implementation of intervention
3. Appropriateness	Perceived suitability and usefulness of intervention to address problem
4. Feasibility	Fit and suitability of the intervention for everyday use
5. Fidelity	The extent to which intervention is implemented as intended
6. Implementation Cost	Costs associated with implementation; including cost of delivery of the intervention and costs associated with the implementation strategy used
7. Penetration	Diffusion into practice
8. Sustainability	Sustained use of the intervention

Proctor et al 2011

The centre for Implementation Science's website is: www.kcl.ac.uk/ioppn/depts/hspr/research/cis

Eve Canavan BEM, a mum and campaigner shared her lived experience as a mum with postpartum psychosis, and how she has used her lived experience to help make change happen.

The Value of Conversations

Suzette Woodward from the Sign up to Safety campaign, talked about the importance of shared conversations in improving patient safety in health services.

Suzette talked about the value in enabling honest conversations to understand what is really happening in services, and why people might be deviating from policies and procedures. This insight is an important way to gather learning and improve.

Giving people the space and time to develop relationships and have good quality conversations leads to the growth of humility, kindness and respect, she said.

Suzette advocated positive approaches such as appreciative enquiry, where we learn from what works, rather than focusing on what goes wrong.

The Sign up to Safety website can be found here: www.signuptosafety.nhs.uk

Focusing on the Why?

We watched Simon Sinek's TED talk about the importance of focusing on why you do what you do. Simon describes how your 'why' is the purpose, cause or belief that inspires you.

Great leaders focus on the 'why' to inspire others – whereas others may just focus on the 'what' and the 'how'.

Simon Sinek's website on this topic is www.startwithwhy.com

Focus on the Future

Alain Gregoire told the group about Steve Radcliffe's 'Future, Engage, Deliver' leadership model, which has inspired him in his work. Alain described leadership as being about understanding the future you want, being passionate about it, and engaging others in this vision.

Alain described how this approach has supported him as a leader. When things feel difficult, he advised us to "remind yourself of the future you want, and reengage others in that vision".

Leaders who make a bigger difference, _consciously_:
- Are guided by the future they want
- Engage others in creating this future
- Create leaders not followers
- Concentrate on relationships not processes
- Do things differently

Have you?   Could you?

Leading:
being aware of something you care about and the difference you want to make, and bringing people with you to make it happen.

"Turn your anger into passion"

What if... your anger is a window into what you are passionate about?

For further information on Steve Radcliffe's approach see www.futureengagedeliver.com

A Global Movement for Change

Milli Hill told us about the Positive Birth movement. She described how she had created a global movement for change with very little resources – using her own passion and tapping into women's drive to help one another, and by using social media.

The Positive Birth Movement is a global network of free-to-attend antenatal groups, linked up by social media. Only 5 years after Milli started the movement, there are now over 250 groups in the UK, and 200 more in 36 countries around the world.

The groups connect pregnant women together to share stories and expertise which are positive about childbirth. The aim is to "challenge the epidemic of negativity and fear that surrounds modern birth, and help change birth for the better."

You can read more about the movement here: www.positivebirthmovement.org
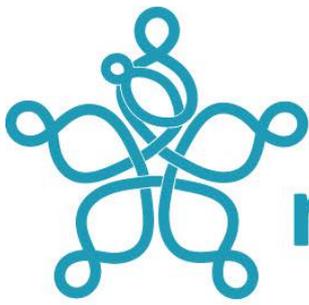
Take Home Messages

A number of common themes emerged throughout the day, including the importance of:

- **Personal resilience**

- **Relationships**

  "In complex and messy systems, one thing you always have control over is your relationships and how you interact with others." Harriet Hunter

  "Driving change requires working with others – if you can do it yourself, it's not big enough." Alain Gregoire

- **Communication and kindness**

  "Focus on the social, not just the technical." Sarah Reed

- **Having the time to take a step back to reflect**

- **Focusing on the WHY**

  "discovering the WHY injects passion into your work. And it's those who start with WHY that have the ability to inspire those around them." Simon Sinek

- **Passion**

  "Build a sense of collective mission." Sarah Reed

- **Taking a systems view and appreciating complexity**

  "Making systems work is the great task of our generation." Atul Gawande

- **Looking at the whole context**

**To download copies of Leaders' Top Tips visit
www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools**

www.maternalmentalhealthalliance.org/mumsandbabiesinmind
Sally Hogg – Strategic Lead, Mums and Babies in Mind
Shogg@mentalhealth.org.uk
@MMHAlliance
#MABIM