Key Messages

• Mums and Babies in Mind (MABIM) was a three year, Big Lottery Funded project hosted by the Mental Health Foundation on behalf of the Maternal Mental Health Alliance.

• The project supported local commissioners and providers in four local authority areas of England to improve services and pathways for mums with perinatal mental health problems and their babies. We also shared learning and resources more widely to inform and inspire professionals across the UK.

• MABIM had a flexible, multi-faceted approach combining professional development and training, with bespoke support and advice to local areas. The project adapted to the needs of local partners, the changing national context and our learning about what worked.

• The MABIM team worked with passionate providers and commissioners from a range of organisations, supporting them to drive change in their services and local systems. We shared insights from research, best practice and lived experience; provided opportunities for professionals to connect and learn from each other, and helped local champions to build the knowledge, confidence and motivation to drive change. All elements of this approach were welcomed by those who participated in the project.

• MABIM took a whole-system approach, working with professionals from a range of disciplines not only to improve services, but also to create local pathways and partnerships, which are essential to ensure that all women experiencing perinatal mental health problems get the right support at the right time.

• Leaders who engaged with the MABIM project made a number of changes in their local areas as a result: They improved elements of their own practice and services, they acted as champions to influence decision-making in their local systems, and they shared their learning with a range of local colleagues.

• Leaders who engaged with the MABIM professional development and training opportunities found them to be very useful and inspiring. However the extent to which leaders could put this learning into practice depended on their local context: Professionals need a mandate, support and resource to turn learning into practice.

• Local leadership, partnerships between agencies, and a shared vision and strategy are essential for driving whole-system change to ensure that the right services and care pathways are in place and acting effectively. In areas where these things are in place and working effectively, more change can be implemented and at a faster pace.

• It can be difficult for professionals to find time in their busy schedules to engage with learning and development opportunities, even if they find these opportunities valuable. If we ran a programme like MABIM again, we would consider a regional approach to reduce the time and cost of travelling, and we would ensure that senior leaders in organisations were fully signed up to release staff to attend training and fund their travel for the entire programme.

• MABIM showed that the reach and impact of local activity can be increased through using social media and online resources to share learning with a wider audience, and through encouraging participants to become change-agents who share their learning in their organisation, area and more widely.

• Local support and resources are a helpful complement to MMHA’s campaigning activity. Campaigning wins the hearts and minds of local and national decision makers. Advice, information and support enables local professionals to make a positive changes to services for women and their families.
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Executive Summary

Why was MABIM needed?
Perinatal mental health problems affect more than 1 in 10 mothers in the UK. Their impact on women and their families – and on wider society – can be devastating, yet most of these problems still go unrecognised, undiagnosed and untreated.

In September 2015, the Maternal Mental Health Alliance (MMHA) was awarded a 3 year grant from the Big Lottery Fund for the Mums and Babies in Mind (MABIM) to help local leaders to improve perinatal mental health services and care pathways.

MABIM focussed on working with leaders in four diverse local authority areas of England to improve the care provided to local women. Through this work, the project aimed to generate tools and learning to support those trying to make improvements in other areas of the country.

MABIM took a whole-system multi-disciplinary approach, acknowledging that a range of services must be available in a local area and working together effectively to ensure that ALL women who need help can access timely and appropriate care.

MABIM was the MMHA’s first local improvement project. Through the project, the MMHA hoped not only to make differences to local provision, but also to learn more about enablers and barriers to implementing good practice, and about what national organisations could do to support local leaders in their work.

What were the inputs into this project?
MABIM was hosted by a member organisation – the Mental Health Foundation – on behalf of the Alliance. The project was funded by a grant of £490,000 over three years.

MABIM was delivered by a small team of three part-time staff. In addition, colleagues at the Mental Health Foundation provided management and admin support, and led on the organisation of some training and the MMHA conferences. The MABIM team could also draw on expertise from the MMHA’s member organisations.

The project evaluation was conducted by Professor Susan Ayers and her team at City University. Their findings are embedded throughout this report, and available as a separate document.

What did we do?
MABIM had a flexible, multi-faceted approach. There were seven main areas of activity within the project:

Support for local commissioners and providers:

1. Providing mapping and bespoke support to our four MABIM areas.

The MABIM team offered each of our four areas a range of bespoke support to help them in the work they were taking forward to address perinatal mental illness in their area. Where the project worked well, we worked with local leaders to map their provision and identify priorities for action and supported specific pieces of work, such as the development of specialist services. Our local partners would call on us regularly to help them with their work, and we provided a range of ad-hoc advice, insights and
signposting to resources or examples of good practice. One MABIM leader described our offer as “support, expertise and kindness”.

2. **Delivery of the Leaders’ Programme.**

   Over 60 Leaders from commissioner and provider organisations in the MABIM areas took part in the 2 year multi-disciplinary MABIM Leaders’ Programme. The programme consisted of nine full-day masterclasses, which focused on subject specific topics relating to perinatal mental health services, and more universal content such as change leadership and innovation. Each masterclass was carefully designed to balance input from academic and clinical experts, insight from women with lived experience, and plenty of opportunity for attendees to discuss and reflect with their peers and consider how to apply their learning in practice.

3. **Professional development events and training.**

   During the project, common gaps in professional knowledge, skills and confidence were addressed through events and training, such as GP training in perinatal mental health delivered in partnership with the Royal College of GPs and psychological skills training delivered in partnership with IAPT and the British Psychological Society.

**Sharing the messages and learning from MABIM with a wider audience:**

4. **Communications to share the learning from MABIM and support professionals around the UK.**

   We shared insights from the MABIM sites to support any commissioners or providers around the country who were also trying to improve services. This was done through tweeting at events; creation of ‘top tips’ reports to capture learning from all Leaders’ masterclasses, and dissemination of tools and resources including our Pathway Assessment Tool. Our blog which shared case studies of interesting practice. Towards the end of the project, we created an interactive online resource hub on the MMHA website to enable professionals to access the resources created through the project, together with links to other useful reports, guidance and training.

5. **Conferences and awards.**

   MABIM funding subsidised two national annual maternal mental health conferences to connect, inform and inspire a wider group of professionals from around the country through plenary presentations, workshops and poster presentations. The events also included new perinatal mental health awards to showcase innovative and exciting practice from around the country.

6. **Campaigning and influencing.**

   The MABIM team used our expertise and learning from the project to support the MMHA’s campaigning work and to influence national policy and developments.

**Senior leadership responsibilities:**

7. **Supporting the development of the MMHA.**

   The MABIM team supported the development of the MMHA from an alliance to becoming a charity in its own right with a new strategy and improved website.

**Who did we reach?**

MABIM achieved significant reach: it is estimated that between 750 and 1000 different individuals attended a face-to-face event with the MABIM team. We also know that there was a ‘ripple’ effect, whereby people reached by MABIM then shared their passion and expertise with a wider audience.

Even more professionals were reached through our online activity. There were high numbers of downloads of the project resources and twitter impressions for #MABIM reached over 2 million a month.
How did people experience the project?

The MABIM project was largely very well received. There was positive feedback from our conferences, training and events. Those on the Leaders’ Programme talked of how they benefitted from all aspects of the programme:

"I enjoyed the design of the days always well thought out with a mixture of participation activities and expert presentations...The strong voice of families with experience was always a feature which was extremely valuable in providing insight and views..."

MABIM’s focus on bringing professionals from different places and disciplines together to learn with and from each other, and our commitment to bringing out the voice of lived experience seem to have been widely valued by everyone who used the project.

What did we learn through the project?

• The MABIM project has demonstrated the benefits of providing a space for a diverse group of professionals with a shared passion to learn and reflect together, and grow not only their knowledge but also their passion and confidence as leaders of change.

• Whilst the MABIM programme was largely welcomed and well-received, there were significant differences in professionals’ ability to engage with the project. Professionals needed a mandate, support and resource to both attend MABIM events and use the learning in their work.

• MABIM showed that the reach and impact of professional development activity can be increased through using social media and online resources to share learning more widely, and through encouraging participants to become change-agents who share their learning with a wider audience.

• The MABIM programme has generated useful lessons about the factors that enable or hinder local improvement. For example, it demonstrated the value of strategic partnerships with shared understanding and vision; good relationships between clinicians and commissioners and meaningful engagement with experts by experience.

What happens now?

• The legacy of MABIM lives on through our resource hub, which contains all of the resources created through the project.

• Much of the work we have supported in local areas is still underway and will generate more positive changes in the coming months and years.

• The MMHA Strategy contains a commitment to future work with local leaders, and funding will be sought to deliver new projects that build on the MABIM work.

• We are sharing the learning from MABIM through this report and a dissemination event in the hope that other organisations might use this learning to inform the work they do to support local leaders.

What difference did we make?

The ultimate goal of this project was to improve outcomes for mums and babies through ensuring that more women with perinatal mental health problems get the right support at the right time. In a project of this sort it is hard to measure any direct impact on service users. However there is emerging evidence that MABIM has made a difference for women: MABIM leaders shared stories of the direct changes made in their work as a result of the project.

There have also been developments in services and care pathways in the four MABIM areas since the project began, including the introduction of new specialist perinatal mental health services.
Background – Why was MABIM needed?

Perinatal mental health problems affect more than 1 in 10 mothers in the UK. Their impact on women and their families – and on wider society – can be devastating. Sadly many of these problems still go unrecognised, undiagnosed and untreated, leading to avoidable suffering for women and their families.

The UK Maternal Mental Health Alliance (MMHA) is a coalition of over 90 organisations, with a shared vision to see all women across the UK get consistent, accessible and quality care and support for their mental health during pregnancy and in the year after giving birth.

In September 2015, the MMHA was awarded a 3 year grant from the Big Lottery Fund for the Mums and Babies in Mind (MABIM) Project to help local leaders to improve perinatal mental health services and care pathways. The Alliance had already begun its very successful campaigning work, and this was a fantastic opportunity to provide support to local leaders to help them to make changes on the ground.

MABIM focussed on working with leaders in four diverse areas of England to improve the care provided to local women. Through this work, the project aimed to generate tools and learning to support those trying to make improvements in other areas around the country.

Whereas the MMHA’s campaigning work is focused on the need for specialist mental health services for women with the most severe illnesses, MABIM took a whole-system multi-disciplinary approach, acknowledging that a range of services must be available in a local area and working together effectively to ensure that ALL women who need help can access timely and appropriate care.

The projects stated objectives were that:

• Local leaders in commissioner and provider organisations in the four MABIM areas have improved understanding of what good practice looks like, and how they can improve local services and pathways for women with perinatal mental illnesses.

• Local leaders in commissioner and provider organisations in the four MABIM areas have increased understanding of the importance of perinatal mental health, a belief they can make a difference, and a motivation to act.

• Commissioners and providers around the country are accessing information, tools and resources created and developed from the MABIM project to support them in improving local services and pathways.

• Care pathways and services in the four MABIM areas improve, leading to increased compliance with national guidelines and standards.

MABIM was the MMHA’s first local improvement project. It took place in a largely favourable context: At the time of its inception, there was increasing awareness about the importance of tackling maternal mental illness and about current gaps in services, thanks to campaigning by the MMHA (including the powerful maps of UK provision) and reports commissioned by MMHA or written by MMHA member organisations and others. ² ³ Shortly after the project began, in January 2016, the Prime Minister announced £365m funding for new specialist perinatal mental health services in England. This not only provided local areas with additional resource for services, but also helped focus the attention of commissioners on the issue.

1. Gavin, N. I., Meltzer-Brady, S., Glover, V., & Gaynes, B. N. (2014) in Identifying Perinatal Depression and Anxiety: Evidence-Based Practice in Screening, Psychosocial Assessment, and Management (pp. 11-31).


At the time the project began, there had been widespread consensus amongst stakeholders about what good practice in perinatal mental health provision looked like.4,5,6 However far less was understood about how to generate improvements in local systems in order to close the gaps between current provision and the standards set out in NICE guidelines and other professional guidance.

Through the MABIM project, the MMHA hoped not only to make differences to local provision, but also to learn more about enablers and barriers to implementing good practice, and about what national organisations could do to support local leaders in their work.

5. NICE (2014) Antenatal and postnatal mental health: clinical management and service guidance
Resources: What were the inputs into this project?

The Maternal Mental Health Alliance was not an organisation in its own right when MABIM began, so the project was hosted by a member organisation – the Mental Health Foundation – on behalf of the Alliance. The project illustrated the value of collaboration between organisations. The small, emerging, MMHA benefited hugely from the resource, experience and specialist expertise within the Mental Health Foundation and we are very grateful for their support.

The project was funded by a grant of £490,000 over three years. A broad breakdown of this grant is shown in figure 1 below. In addition to the Big Lottery Funding, the project generated some income through charging some attendees a small fee for the MMHA conferences and psychology training which helped to cover the costs of these events (free places were available to those from MABIM sites at all events, and MMHA members also received free tickets to the conference).

MABIM was delivered by a small team – a Strategic Lead, a Clinical Lead, and a Communications Manager, who were all part-time. In addition, staff at the Mental Health Foundation provided management and admin support, and our fantastic colleagues Dr Camilla Rosan and Katrina Jenkins led on the organisation of the psychological skills training and the MMHA conferences. The MABIM team could also draw on MMHA’s membership, using colleagues from member organisations, for example, to help to deliver training and to speak at events.

The project evaluation was initially designed and conducted by the Mental Health Foundation’s research team. Due to some challenges, including staff changes, a decision was made in the last year of the project to outsource the evaluation to external researchers. We were delighted that Professor Susan Ayers and her experienced team at City University took on this work. Their findings are embedded throughout this report, and available as a separate document.

Figure 1: Breakdown of Big Lottery Grant

- Core team salaries, travel and expenses
- MHF staff time and overheads
- Events including conferences, masterclasses and training
- Website and materials
- Evaluation
Box 1: The MABIM Team

**Strategic Lead**
Sally Hogg started over as Strategic Lead on the MABIM project in May 2016 (MABIM had previously been project managed by Rachel Gregory). Sally worked, on average, 2 days a week on the project. Sally took maternity leave for 9 months in 2017, during which time Beckie Lang covered this post.

**Communications Manager**
Anna France-Williams was the Communications Manager for MABIM from September 2015 until March 2017. Fiona Salter then took over this post. Anna and Fiona worked three days a week – 2.5 days on the MABIM project, and 0.5 days to support wider MMHA communications.

**Clinical Lead**
Dr Alain Gregoire was Clinical Lead on the project, alongside being the Chair of the MMHA. At the start of the project Alain was seconded from his Consultant Psychiatry position at Melbury Lodge Mother and Baby Unit in Winchester. When he retired in 2017, Alain was employed on a consultancy basis for up to two days per week to support national perinatal mental health work and to provide clinical expertise into the MABIM project.
MABIM had a flexible, multi-faceted approach. In local areas, we offered a combination of professional development and training, with bespoke support and advice. This was paired with wider communications, conferences and campaigning activity to share learning from the project with a wider audience.

The nature of the MABIM project evolved over time. We learned as the project progressed and adapted in response to the needs of the local areas and the changing national context (including significant national investment in specialist perinatal mental health services). The size, scope and timescale of the project meant that flexibility to seize opportunities was both a possibility and a necessity.

There were seven main areas of activity within the project:

**Support for local commissioners and providers:**
1. Providing mapping and bespoke support to our four MABIM areas.
2. Delivery of the Leaders’ Programme.
3. Professional development events and training.

**Sharing the messages and learning from MABIM with a wider audience:**
4. Communications to share the learning from MABIM and support professionals around the UK.
5. Conferences and awards.
6. Campaigning and influencing.

**Senior leadership responsibilities:**
7. Supporting the development of the MMHA.

These are described in more detail below.

**Support for local commissioners and providers**

**Mapping and bespoke support**

The MABIM team offered each of our four areas a range of support to improve local services and pathways. Where there was clear local leadership, buy-in and capacity, we started by working with local leaders to map services and pathways in their areas and to take action to address any gaps. We developed a ‘Pathway Assessment Tool’ which brought together standards from a range of different documents to enable leaders to identify strengths and gaps in provision. Some of our local areas found this incredibly useful. However in areas where there was no local leadership, professional network or dedicated capacity in perinatal mental health, this activity could not be undertaken. In these areas we connected with and supported individual professionals and teams, and worked to nurture strategic level leadership and partnership working.

We provided local leaders with a range of bespoke support to help them in the work they were taking forward to address perinatal mental illness in their area. The support provided included designing and facilitating events with local partners; helping to secure buy-in from senior managers; inputting into commissioning reviews and pathway development, and supporting in the development of bids and proposals. During the project, NHS England released funding for specialist perinatal mental health services, and we supported our local areas to bid for this funding and to develop their own teams. The extent to which areas took up this offer of support varied hugely. Where the project worked well, our local partners would call on us regularly to help them with their work, and we provided a range of ad-hoc advice, insights and signposting to resources or examples of good practice. One MABIM leader described our offer as “support, expertise and kindness”.

One MABIM leader described our offer as “support, expertise and kindness”.

**MMHA**
Leaders’ Programme

Over 60 leaders from commissioner and provider organisations (NHS, local authority and voluntary sector) in the MABIM areas joined the 2 year multi-disciplinary MABIM Leaders’ Programme.7 The programme aimed to enable leaders 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 women with lived experience and hear their views,
• Meet and share experiences with fellow changemakers, and
• Share learning and develop new solutions to difficult challenges.

The programme consisted of nine full-day masterclasses, which focused on subject specific topics relating to perinatal mental health services, and more universal content such as change leadership and innovation.

The topics are described in the table one. Importantly, these were not just days to sit and listen to professional experts: Each masterclass was carefully designed to balance input from academic and clinical experts, insight from women with lived experience, and plenty of opportunity for attendees to discuss and reflect with their peers and consider how to apply their learning in practice.

Masterclasses 6 and 8 were introduced into the programme after the first few sessions, when attendees told us that they wanted more help in thinking through how to make change happen.

Photos from the masterclasses

7. A handful of professionals from other sites around the UK with a clear commitment to perinatal mental health, who were using the MABIM tools and resources also joined some of the sessions.
### Table 1: The Masterclass programme

<table>
<thead>
<tr>
<th>Masterclass Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Developing a specialist perinatal mental health community team</strong></td>
<td>October 2016</td>
</tr>
<tr>
<td>This masterclass focussed on sharing lessons from existing services about to</td>
<td></td>
</tr>
<tr>
<td>establish a successful specialist perinatal mental health community team.</td>
<td></td>
</tr>
<tr>
<td><strong>2. Commissioning perinatal mental health services</strong></td>
<td>December 2016</td>
</tr>
<tr>
<td>This masterclass aimed to help Leaders to understand commissioning, including</td>
<td></td>
</tr>
<tr>
<td>service specifications, data and outcomes, and the value of joined-up</td>
<td></td>
</tr>
<tr>
<td>commissioning</td>
<td></td>
</tr>
<tr>
<td><strong>3. The role of midwives and health visitors</strong></td>
<td>1 March 2017</td>
</tr>
<tr>
<td>This masterclass focussed on how midwives and health visitors can support</td>
<td></td>
</tr>
<tr>
<td>women and their families, including the role of specialist professionals.</td>
<td></td>
</tr>
<tr>
<td><strong>4. User engagement and insight</strong></td>
<td>July 2017</td>
</tr>
<tr>
<td>This day covered ways to gain useful user insights and to engage service users</td>
<td></td>
</tr>
<tr>
<td>in service design and delivery.</td>
<td></td>
</tr>
<tr>
<td><strong>5. Reaching all communities</strong></td>
<td>October 2017</td>
</tr>
<tr>
<td>This masterclass looked at the needs of traditionally forgotten or marginalised</td>
<td></td>
</tr>
<tr>
<td>groups, including dads, young parents, those with babies in NICU and survivors</td>
<td></td>
</tr>
<tr>
<td>of trauma.</td>
<td></td>
</tr>
<tr>
<td><strong>6. Change leadership</strong></td>
<td>January 2018</td>
</tr>
<tr>
<td>This was a late addition to the programme, and focussed on how to drive</td>
<td></td>
</tr>
<tr>
<td>change and service improvement. Content included implementation science,</td>
<td></td>
</tr>
<tr>
<td>quality improvement, change leadership and campaigning.</td>
<td></td>
</tr>
<tr>
<td><strong>7. Keeping the baby in mind</strong></td>
<td>March 2018</td>
</tr>
<tr>
<td>This session covered science about the intergenerational transmission of</td>
<td></td>
</tr>
<tr>
<td>mental health problem and examples of interventions to promote infant</td>
<td></td>
</tr>
<tr>
<td>mental health.</td>
<td></td>
</tr>
<tr>
<td><strong>8. Sharing challenges and successes</strong></td>
<td>May 2018</td>
</tr>
<tr>
<td>This masterclass enabled Leaders to hear from their peers about work happening</td>
<td></td>
</tr>
<tr>
<td>in other local areas to improve services and pathways.</td>
<td></td>
</tr>
<tr>
<td><strong>9. Innovation</strong></td>
<td>4 July 2018</td>
</tr>
<tr>
<td>This was an introduction to service design approaches and how they could</td>
<td></td>
</tr>
<tr>
<td>enable innovation and service improvement.</td>
<td></td>
</tr>
</tbody>
</table>
Professional development

During the project, the team identified common gaps in professional knowledge, skills and confidence, which were addressed through events and training.

- Perinatal mental health training for GPs was delivered in partnership with Royal College of GPs in three MABIM areas. This was used to inform the development of training and resources by the Wessex Strategic Clinical Network for wider dissemination.
- Bespoke training for new perinatal mental health services was provided in some MABIM areas.
- Three cohorts of two day psychological skills training were delivered in partnership with IAPT and the perinatal faculty of the British Psychological Society for psychologists, therapists and others offering psychological interventions to women in the perinatal period. Content including the assessment and treatment of perinatal mental health difficulties including low mood, OCD, anxiety, PTSD, birth trauma and tokophobia. It also covered practical issues such as recruitment and working with groups, and – importantly – working with the baby in the room and bonding difficulties. The training was offered to professionals from around the UK, with free places for those in MABIM sites.
- Three seminars were organised to showcase interventions that could be used to protect and promote infant mental health for babies whose mothers are unwell. These covered the Newborn Behaviour Observation Tool, Video Interaction Guidance and the Circle of Security Intervention. These were open to any professionals with an interest in the area.

We also recognised the need to improve understanding of perinatal mental health amongst professionals and volunteers who support infant feeding, so we convened a group of organisations who provide training in this sector and co-produced a perinatal mental health competency framework to inform training and development of the infant feeding workforce.

At all stages of the project, we considered how our work could have the widest possible impact – either through widening participation in our activities to professionals in non-MABIM areas or through sharing the learning from our work to inform training and development offered by other organisations.
Case Study: What did the MABIM package of support look like in Gloucestershire?

Gloucestershire is a large rural county in South West England. In 2015, when the MABIM team started working in the area, Gloucestershire already had a perinatal and infant mental health working group with a Lead Commissioner for perinatal mental health within maternity services in the CCG. The working group had identified priorities for local action, developed a joint action and a range of work was underway.

The MABIM team supported colleagues in Gloucestershire in a number of ways:

• The network used our Pathway Assessment Tool to gain a better understanding of local provision.
• Where possible, we attended network meetings to offer expertise and support.
• We helped the development of an infant mental health pathway through providing a framework and suggestions of evidence-based interventions.
• We supported Gloucestershire in their successful bid for Wave 1 funding from NHS England and in subsequent development of specialist community perinatal mental health service.
• Alain Gregoire provided training for staff in the new specialist service.
• We organised for Dr Carrie Ladd from RCGP to provide training for local GPs.
• We helped to design and facilitate a local birth trauma conference, including connecting local commissioners to experts from around the country.
• Commissioners and providers from Gloucestershire attended our Leaders’ Programme, psychological skills training and seminars.
• We provided regular ad hoc support to local colleagues including commissioners, managers, clinicians and third sector providers offering advice, insights and links to other contacts and sources of support.

Gloucestershire’s perinatal mental health ‘plan on a page’

![Our Plan for Improving Perinatal and Infant Mental Health Outcomes in Gloucestershire](image)
Sharing messages and learning with a wider audience

Communications activity

A core element of the project was sharing insights from the MABIM sites to support any commissioners or providers around the country who were also trying to improve their local services. This was done through tweeting at events; creation of ‘top tips’ reports to capture learning from all the Leaders’ masterclasses, and dissemination of tools such as the Pathway Assessment Tool and other resources. We also created a blog which shared case studies of interesting practice from the MABM sites and more widely.

Towards the end of the project, we created an interactive online resource hub on the MMHA website to enable professionals to access the resources created through the project, together with links to other useful reports, guidance and training in a single, interactive online hub. This can be found at: https://maternalmentalhealthalliance.org/resource-hub/

Examples of our ‘top tips’ reports

A screenshot of the MMHA resource hub
Whilst MABIM was UK focussed, there was international interest in the project on social media. Sally and Alain presented about MABIM at two high-profile international conferences (The World Association of Infant Mental Health conference in Rome and the Marce conference in Bangalore). Sally also tweeted and blogged to share the learning from those conferences with the MABIM leaders and others who could not attend.

Conferences and awards
MABIM funding subsidised two national annual maternal mental health conferences to connect, inform and inspire a wider group of professionals around the country through plenary presentations, workshops and poster presentations. The conferences aimed to highlight ground-breaking academic research, showcase innovative practice, and tell the stories of perinatal mental health service users across the UK. Just as in our Leaders’ Programme, the voice of lived experience was a core component of these events. They also included new perinatal mental health awards to showcase innovative and exciting practice from around the country.

The first event, in September 2017, was on the theme ‘Intergenerational Mental Health: keeping parents and babies in mind in perinatal mental health work’ and the second, in September 2018, was on the theme ‘Diversity: understanding and reaching the missing families.’

Campaigning and influencing
The MABIM team used our expertise, and learning from the project, to support the MMHA’s campaigning work and to influence national policy and developments in areas such as service expansion, training and the availability of data. This work also provided an opportunity to share the learning from the MABIM project and showcase our resources.

During the project, Sally presented to politicians and policy makers, for example, through talks to the Conception to Age 2: 1001 Critical Days and Preventing ACEs All Party Parliamentary Groups and the Health and Social Care Select Committee. Sally also wrote the MMHA’s responses to a number of important policy consultations for the Department of Health, NHS England and the Health and Social Care Select Committee.
In his MABIM funded time, Alain spoke to a large number of stakeholders around the UK (and the globe!) about perinatal mental health, and provided support and expertise to a number of local areas and perinatal mental health strategic clinical networks around the UK. Alain also provided expertise and representation from MMHA members to the NHS England perinatal mental health steering group and the Health Education England perinatal steering group and supported a number of initiatives, including promoting the implementation of the perinatal patient experience measure and advocating for the important work of NHS Digital in linking maternity and mental health datasets.

Earlier this year, Alain led the mapping of specialist perinatal community and inpatient services, which informed the MMHA’s powerful Everyone’s Business campaign maps.

Supporting the development of the MMHA

When MABIM began in 2015, the MMHA was an alliance of organisations with no formal structure or core resource, and only a simple holding webpage. Through the MABIM project, we created a website and provided some communications and membership support for the Alliance.

As the Alliance grew, the MABIM team supported the development of the organisation and its new strategy and improved website.
Reach: Who did we reach?

MABIM achieved significant reach: it is estimated that between 750 and 1000 different individuals attended a face-to-face event with the MABIM team such as local meeting, training session, conference, masterclass or seminar. As intended, these people came from a wide range of professional disciplines within the NHS, children’s services, commissioning and the charitable sector.

Even more professionals were reached through our online activity. There were high numbers of downloads of the project resources, for example, the specialist service toolkit (a set of example resources from specialist perinatal mental health services around the country) was downloaded over 3800 times, and our Pathway Assessment Tool over 3600.

The project team was very active on twitter, and our #MABIM hashtag was used by many people attending our events. Monthly twitter impressions for #MABIM were very high, with the highest monthly reach at over 2 million during the November 2017. Our social media activity raised awareness of, and positive engagement with MABIM around the world.

We also know that there was a ‘ripple’ effect, whereby people reached by MABIM then shared their passion and expertise with a wider audience as some of the quotes below from our Leaders’ Programme attendees illustrate.

**BOX 2: Answers from the Leader’s Programme Feedback Survey**

"I’ve been delivering sessions to mental health workers, midwives, social workers, AMHP’s, GP’s, GP trainees, psychiatry trainees, and consultant psychiatrists across Lancashire and Cumbria, as well as with our new MBU team and community teams."

"We share the learning in the Steering Group and Clinical Network forum."

"I have used briefings, resources and presentations from the course with my colleagues in team meetings to share widely."

"I incorporate it into training I deliver. I raise ideas in multi-agency forums. I try to influence the way my organisation is planning to deliver services."

"I have shared widely within our organisation and within the Home-Start UK national network many of the things that I have learnt from the programme. I also use some of the material for ongoing training and development of staff and volunteers. I would say that I rarely miss the opportunity to share learning..."

8. At the end of the Leaders’ Programme the MABIM team asked leaders to complete an online survey telling us about their experiences of the programme, their preferred next steps and how we might improve the programme in the future. This was in addition to paper questionnaires completed for the evaluation team at each masterclass.
Response: How did people experience the project?

The MABIM project was largely very well received. The external evaluation conducted by City University found that participants evaluated MABIM positively and valued aspects of the programme including bespoke support, masterclasses and the Pathway Assessment Tool.

Questionnaires collected at each masterclass and analysed as part of the external evaluation found that participants at the first masterclass rated the session highly on a number of items including venue, content, format, style, quality of speakers and helpfulness of the action sets. Average ratings ranged from 8.9 to 9.9 out of 10 (with 0=poor and 10=excellent).

Ratings for masterclasses 2 to 9 were similar with participants highly rating the helpfulness of the classes with scores ranging on average from 8.35 to 9.75 out of 10 (with 0 = not at all helpful to 10 = very helpful).

Participants also felt the Programme helped their understanding of the importance of improving perinatal mental health services with ratings ranging on average from 8.25 to 9.15 out of 10 (with 1=low and 10=high).

Box 3. Selected answers from the following question in the Leaders’ Feedback Survey

Please complete the following sentence. The MABIM Leaders’ programme gave me...

...information and confidence to push forward changes that need to be made in the area I work in.

...the most up to date thinking and evidence base in this field as well as essential links with other services and national leads.

...inspiration, confidence and contacts. It has enriched my perinatal experience and has been invaluable in helping me to influence the development of services in our locality.

...an amazing opportunity to network with fellow practitioners, to hear about great practice and the chance to think and innovate.

...lots of new knowledge, insight, confidence and connections and an awareness of what is possible in other areas of the country.

...the opportunity to be part of a developing network of clinicians who are passionate about perinatal mental health. This facilitated shared learning on how to develop our own service and what good practice looks like.

...food for thought, inspiration and energy and enthusiasm. Time out to think and process.
Leaders told us that they appreciated the design of the programme – incorporating academic and professional presentations, insight from lived experience, and time to network and reflect.

"I enjoyed the design of the days always well thought out with a mixture of participation activities and expert presentations... The strong voice of families with experience was always a feature which was extremely valuable in providing insight and views. The information/newsletters was a good way of providing information regarding all of the workshops [to those who did not attend]. Well done and many thanks."

Overall, the feedback from the MMHA conferences was also positive. Delegates seemed to have especially appreciated the presentations on lived experience, the networking and stalls which allowed them to build connections with other specialists in the field, and the scientific presentations which enabled them to acquire new knowledge or reinforce previous knowledge. The delegates described a diverse range of learning points that they would share or might change their practice.

Attendees at the psychological skills training also gave very positive feedback, sharing that they appreciated the format and the content of this training. Attendees told us that they enjoyed the format of the day including presentations, opportunities to discuss and share ideas and experiences, and role play exercises.

We also heard from our professional speakers and experts by experience that they enjoyed and benefited from being involved in the project. Laura Wood, who spoke of her experiences of perinatal mental illness at the first Leaders' Masterclass wrote

"MABIM was the first talk I ever gave about my experiences, and was pretty life changing...It is a fantastic project and much needed."

Since speaking at the masterclass in 2016, Laura has spoken to a wide range of audiences about her experiences, and has provided expert input to perinatal mental health projects. Laura is now writing a book on her experiences. We were delighted that she could also join the last masterclass of the series.

MABIM’s focus on bringing professionals from different places and disciplines together to learn with and from each other, and our commitment to bringing out the voice of lived experience seem to have been widely valued by everyone who used the project.
Impact: What difference did we make?

The ultimate goal of this project was to improve outcomes for mums and babies through ensuring that more women with perinatal mental health problems get the right support at the right time. However, in a project of this sort which focuses on professional capacity and leadership and whole-system change, it is hard to measure any direct impact on service users and almost impossible to attribute any changes in women’s experiences and outcomes to the work that we do.

Three years is also a relatively short period for systemic changes to translate into improvements in individual outcomes. However there is emerging evidence that MABIM has made a difference for women and their families.

MABIM leaders shared stories of the direct changes made in their work as a result of the project, two examples of this are below.

Alongside changes to their individual practice, a number of the MABIM leaders have reported that the programme has helped them to influence their local system, as the quotes in box 4 illustrate.

Feedback from professionals who came into contact with MABIM highlights that the themes of multidisciplinary working; connecting to peers and hearing the voice of lived experience, all made an impact on our Leaders. Many told us that they reached out to other local organisations and to service users as a result of the project.

Case Study: A Nurse on a Neonatal Unit

A MABIM Leader who is a Sister on a Neonatal Unit told us that, as a result of her work on this issue, there is now an information leaflet about emotional wellbeing given to every parent on their child’s admission to the unit, and 45 minutes training on Infant and Parental mental health is now mandatory for every nurse working on the Neonatal Unit.

Working together with commissioners (who also attended the MABIM programme) the Neonatal Unit team have also now secured funding for psychological support for parents with babies on the unit.

Case Study: A Consultant Psychiatrist

A MABIM Leader who is a consultant psychiatrist told us that she made changes to her practice as a result of things she heard on the MABIM programme, for example writing letters directly to women and copying in other professionals (rather than the traditional practice of writing to professionals and copying in women). She told us that the learning from the masterclass, and insights from other attendees informed their successful bids to NHS England for specialist services and the development of these services.

This psychiatrist is also training a range of other professionals in her area who come into contact with women in the perinatal period, and has built learning from MABIM into this training.
There have also been changes to local services and pathways in the four MABIM areas. Three MABIM sites received funding from NHS England to create or expand their specialist perinatal mental health services in Wave 1 of the Perinatal Mental Health development fund (late 2016). The MABIM team supported these bids and subsequent work to build the teams. Since they started, these teams have together seen over 1000 women. Funding is now secured for a team to cover our fourth site. In Southend, the MABIM team supported the development of a new South East Essex Perinatal Mental Health network, and the creation of specialist health visiting posts. In Blackpool and Gloucestershire, the local partnerships undertook comprehensive mapping of services using our Pathway Assessment Tool in 2016 and again in 2018.

This exercise showed a range of improvements across different services in each local area including development of specialist services, improvements in work for infants and for fathers, improvements in third sector services and increased training for professionals. The local assessments show that there is still much room for improvement, but we know that many more positive changes are still in the pipeline.

The external evaluation by City University concluded that findings suggest that MABIM contributed to changes in services, however these changes could have been influenced by other factors so further research is required.
## Did we achieve our goals?

<table>
<thead>
<tr>
<th>Project Objective</th>
<th>Outcome</th>
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<tr>
<td>Local leaders in commissioner and provider organisations in the four MABIM areas have improved understanding of what good practice looks like, and how they can improve local services and pathways for women with perinatal mental illnesses.</td>
<td>Leaders gained insights about good practice and service improvement through attending our Leaders’ Programme and other training and events; through sharing insights with each other, and through accessing MABIM resources online.</td>
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<tr>
<td>Local leaders in commissioner and provider organisations in the four MABIM areas have increased understanding of the importance of perinatal mental health, a belief they can make a difference, and a motivation to act.</td>
<td>Leaders heard the latest evidence about the importance and impact of PMH and were moved by hearing voices of lived experience. This increased their motivation to act. Through hearing or reading examples of good practice, learning from their peers and developing their confidence as leaders, they learned more about how they can make a difference. The evaluation by City University states that “participants in the evaluation were all highly motivated to improve services and believed they could create changes.”</td>
</tr>
<tr>
<td>Commissioners and providers around England are accessing information, tools and resources created and developed from the MABIM project to support them in improving local services and pathways.</td>
<td>Hundreds of people attended MABIM conferences, seminars or training. Thousands of professionals around the UK are accessing MABIM resources online and through social media, or hearing about the project from a MABIM leaders.</td>
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<tr>
<td>Care pathways and services in the four MABIM areas improve, leading to increased compliance with national guidelines and standards.</td>
<td>All four MABIM areas have, or will soon have specialist community perinatal mental health services. Whilst provision is still patchy, there have been clear improvements in services and care pathways in the local areas.</td>
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Learning: What did we learn through the project?

There is value in a multi-disciplinary, multi-site approach

MABIM has demonstrated the value of a multi-disciplinary, multi-site approach which maximises the opportunities for participants to learn from each other. It has demonstrated the benefits of providing a space for a diverse group of professionals with a shared passion to learn and reflect together, and grow not only their knowledge but also their passion and confidence as leaders of change.

The voice of lived experience is incredibly powerful

The project has shown that professionals value not only information, research and examples of good practice, but also insights from lived experience. Real life stories not only provide useful learning but also increase professionals’ motivation to act.

Leaders must be empowered to make a change

Whilst the MABIM programme was largely welcomed and well-received, there were significant differences in professionals’ ability to engage with the project and to apply the learning in their work. Professionals in services and local systems with clear senior buy-in and understanding of the importance of perinatal mental health were more likely to both attend MABIM events and use the learning in their work.

Others felt more frustrated as they perceived that they lacked the support, mandate or resource to engage with the programme or to drive change forward. Whilst it is appealing for national organisations to target areas where there is very little senior leadership and significant gaps in care, in these areas efforts should perhaps be focussed on winning hearts and minds at a senior and strategic level, before local improvement work begins.

We could do more to increase attendance at events

Attendance at the MABIM events was mixed, and some had very low turn-out. It can be difficult for professionals to find time in their busy schedules to engage with learning and development opportunities, even if they find these opportunities very valuable. Although we did offer participants help with travel costs if needed, if we ran a programme like MABIM again, we would consider a regional approach with leaders drawn from a smaller geographical area to reduce the time and cost of travelling. We would also ensure that senior managers in organisations were fully signed up to release staff to attend training, to fund their travel and to enable them to put their learning into practice.

A multi-faceted approach helps to increase the reach of a project

MABIM showed the value of combining training and learning activities with bespoke local support. We also demonstrated that the reach and impact of professional development activity can be increased through using social media and online resources to share learning more widely, and through encouraging participants to become change agents who share their learning with a wider audience.

Systems change requires senior leadership

The MABIM project secured more engagement and reach in some of our areas than others. In Gloucestershire, for example, we could work productively with the Lead Commissioner, and through her with the wide network of professionals in the area. In contrast in Haringey, there was no lead commissioner for us to engage with or any coordinated way to reach interested local professionals. We worked with some fantastic professionals in Haringey through the
Leaders’ Programme, but did very little place-based work. Systems change requires committed senior leadership and strong partnership working to be in place in a local area, and it is very hard for local organisations to make this happen.

The components of an effective system
The MABIM programme has generated useful lessons about the factors that enable or hinder local improvement. In areas where positive changes are being made, and professionals seem empowered to make a difference, some or all of the following things are present:

- Strategic partnerships with shared understanding and vision.
- Good relationships between clinicians and commissioners.
- Clear leadership for perinatal mental health at a senior level.
- A whole system/pathways approach.
- Engagement with experts by experience.
- Meaningful involvement of the voluntary and community sector.
- A holistic, person-centred approach.
- Services with sufficient resource.
- Passionate and informed professionals.

Similar themes emerged when we asked leaders what recommendations they would give to other areas. These are illustrated in the quotes in box 5.

**BOX 5: Sample answers from the question “What Recommendations would you give to other areas seeking to develop services and pathways for women with perinatal mental health problems and their families?”**

"Don’t reinvent the wheel, look around and see what similar services are doing that works."

"...Link with other services to share the passion and experiences of other teams in developing your own. To make sure women with lived experience are at the heart of your service development."

"...Celebrate what you are doing well, and make sure you know how to demonstrate to your commissioners that your service is essential"

"... ensure that all voices are bought to the table e.g. the third sector and experts by experience"

"Establish what services are out there already including voluntary and non-statutory ones and see how you can work together to provide the best possible service"

"Get to know each other’s strengths and difficulties as services and build something together that honestly takes these into account – don’t live in hopeful ignorance about what another service might be able to offer."

"Look at the evidence base and talk to other areas that have implemented services successfully. Also talk to service users and listen to feedback when commissioning services."

"Take a multi-agency approach – not focusing just on clinical experts. Good investment in up front work to build strategic multi-agency ownership is worth it."
Next Steps: What happens now?

The legacy of MABIM lives on through our resources hub, which contains all of the resources created through the project. The hub has been designed so that it is easy to update and manage, thus enabling the MMHA to keep it as an up-to-date resource for professionals in the years to come.

We are working with the MABIM leaders to help them to stay connected as a network now the project has finished. We hope that they will continue to use and to share the learning they gained through the project.

Much of the work we have supported in local areas is still underway and will generate more positive changes in the coming months and years. For example, Blackpool are undertaking a commissioning review of services for women with mild/moderate problems, and Gloucestershire are developing a birth trauma pathway. In Haringey we have supported the NCT branch to collect insights from local mums. A report of their findings will be launched in November and we hope it will be a catalyst to help drive change in the area. In Southend we hope the new South East Essex Perinatal Mental Health partnership will continue to drive improvements in the area.

The MMHA no longer has funding to run the MABIM project or other work to support local decision making and service delivery. However this sort of work is in the MMHA Strategy and funding will be sought to deliver new projects that build on the MABIM work.

We are sharing the learning from MABIM through this report and a dissemination event in the hope that other organisations – such as the Strategic Clinical Networks – might use this learning to inform the work they do to support local leaders.