

BY EMPOWERING
AND BEING LED BY

WE CAN

OUR MODEL WILL

TOGETHER, WE WILL

RESULTING IN

Women and birthing people with lived experience of perinatal mental health inequities

Improve access to perinatal mental health care, support and services

Create local councils led and shaped by lived experience change-makers

Drive systemic action at a local level

Services, support and care that are adequately resourced and able to meet needs

With a focus on* :

- Race, faith and culture
- Under 25 year olds
- Complex social, emotional and financial circumstances, for example poverty, addiction, domestic abuse
- Rural communities



And involving stakeholders:

Maternal Mental Health Alliance and voluntary sector: Grassroots community based organisations and local charities

Local authorities and commissioners

Government funding bodies and structures

National and local funders

Local system decision makers and professionals within key services

NHS – Midwifery; Obstetricians; GPs; Mental Health Professionals; Perinatal Physios; Paramedics/Ambulance; A&E; Peer Supporters; Psychiatrists and Psychologists; Local Authority – Health Visitors; Family Hubs; Health and Social Care – Social Workers; Family Support Workers; Carers; Education and Childcare Providers – Teachers; Nursery Workers; SENCOs; Criminal Justice – Advocates; Guardians; Court Officials; Maternity and Neonatal Voices Partnership; Commissioners; Managers and Frontline Practitioners; Police.

*We acknowledge this list does not encompass all individuals facing inequitable circumstances, and categorising people into groups can be inherently flawed, as experiences of marginalisation are intersectional and cannot be fully understood through a single lens. We remain committed to listening and learning through ongoing dialogue across diverse communities



Ensure decisions about care, support and services are shaped by those with lived experience



Make the system in and around perinatal mental health more equitable



Begin to repair harm caused by exclusion and address power imbalances



1

Bring together stakeholders and create co-ownership of council aims

2

Build shared humanity through connection, trust and understanding

3

Identify system barriers, unmet community needs, best practice and opportunities for change

4

Democratise decision making through power sharing

5

Educate at a national level how engaging local change-makers can evoke responsive equitable change



Influence local commissioning and systems change



Improve information access and pathways into perinatal mental health care, support and services



Ensure broader health services and systems of support better meet needs



Capture evidence of how the model is affecting change



Better access to timely and culturally appropriate perinatal mental health information, care, support and services



Greater trust in services



Lived experience voices becoming an integral part of local system change



Influence national policy decisions to improve perinatal mental health provision

We will make a tangible difference to the lived experience of mothers and birthing people who have faced health inequity

“ I know where to go for care

“ I am valued - my needs matter

“ I feel safe asking for help

“ I am listened to

“ I access non-judgemental, unbiased and just support

“ I can access support that works for me as soon as I need it