Women's RESOURCE & DEVELOPMENT AGENCY
Supporting Women's Groups and Networks Across Northern Ireland

Health Inequalities in Northern Ireland

Chapter One:

The Impact of the Maternal Advocacy and Support (MAS) Project

January 2023

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This Report was prepared by Aoife Mallon on behalf of the Women's Resource and Development Agency.

January 2023

Testimonies from MAS participants

"People ask 'where'd you get this confidence?' and I'm like, MAS!"

"...Knowing I'm more than just a mammy and I'm actually a person who matters outside of my maternal role has changed my life..."

"I have found a little piece of me again."

"The longer I am involved in MAS, the more I'm becoming myself, more than I have ever been."

"I was telling people I didn't love my daughter. I love my daughter now and that's all down to MAS."

"Thank goodness for the MAS project!"

Contents

1. Introduction

This report is the first chapter of a research project conducted by the Women's Resource and Development Agency (WRDA) into health inequalities faced by women in Northern Ireland. Health inequalities are:

> *"The unjust and avoidable differences in people's health across the population and between specific population groups... They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier lives."*[1]

This chapter will focus on maternal mental health and the impact of the Maternal Advocacy and Support (MAS) project on women in Northern Ireland experiencing maternal mental health issues.

1.1 Scope

The scope of this research includes:

- The existence and availability of maternal healthcare provision in Northern Ireland
- The impact of the MAS project on maternal mental health in Northern Ireland

1.2 Methodology

This research report is informed by primary and secondary research. Primary research was conducted with participants of the MAS project in the form of an anonymous online survey, in-person focus groups and one online focus group. An interview was also held with the WRDA MAS Project Co-Ordinator.

Secondary research was conducted regarding the existence and availability of maternal healthcare provision in Northern Ireland to contextualise the lived experiences collected through this primary research. A full list of contextual references has been included at the end of this report. A list of tables and figures has been included in Appendix C.

1.2.1 Relevant personnel

The Researcher on this project was Aoife Mallon, Policy Assistant at WRDA. This research was supervised by Anne McVicker, Director of WRDA. If you have any questions or queries regarding this research report please contact Aoife Mallon, at aoife.mallon@wrda.net or Anne McVicker at anne.mcvicker@wrda.net.

1.2.2 Anonymous online survey

The Researcher conducted an anonymous online survey with MAS participants to capture their experiences of being involved in the MAS project. This survey was open for 7 weeks between 10th October and 2nd December 2022 and received 31 responses. The survey contained 10 questions in total, with some being required

[1] Public Health Scotland (2021) 'What are health inequalities?' Available here.

and others being optional. This survey collected both qualitative and quantitative data from respondents and a range of question types were used, including text responses, multiple choice and linear scale questions. A full list of survey questions can be found in Appendix A.

1.2.3 Focus groups

Four focus groups were held with MAS participants. These included three in-person focus groups in women's centres and one online focus group on Zoom with MAS representatives from a range of women's centres. In each of the four focus groups, MAS participants were asked three questions relating to their experience of being involved in the MAS project:

1. Why did you get involved in the MAS project?
2. What have you gained as a result of being part of the MAS project?
3. What does MAS provide that you can't access elsewhere?

These questions have been listed in Appendix B.

1.3 Research Ethics

This research was conducted in line with WRDA's Research Ethics Policy[2]. This policy required a risk assessment to be conducted by the Researcher and this assessment was approved by the Supervisor prior to primary research taking place.

1.3.1 Risk Assessment

A risk assessment was carried out by the Researcher in advance of research being conducted. This assessment found that there were certain risks associated with the research including that it involved the collection of sensitive and personal information on the topic of health. It was identified that the research also carried a potential risk to the emotional well-being of participants, as it was anticipated that participants might find discussing topics relating to maternal mental health upsetting or triggering. The Researcher mitigated against these risks by ensuring that support structures were in place for participants throughout the duration of this research.

1.3.2 Survey Disclaimer

The following message was displayed for survey participants in advance of them completing the survey:

> *Thank you for being involved in the MAS project. We would like to hear about your experiences with the project to find out what impact it has had in the community. Please complete this quick survey to tell us about your thoughts and experiences. Your answers will be anonymous.*

[2] WRDA (2022) 'WRDA Research Ethics Policy' Available here.

This research is conducted in line with the WRDA Research Ethics Policy which can be accessed here: https://wrda.net/wp-content/uploads/2022/09/WRDAresearchethicspolicy.pdf.

By completing this survey you consent to allowing WRDA to anonymously store and use the information you provide for the purposes of the research outlined above. This anonymised information may also be used to inform WRDA's future research and policy work. You will not be identified in any of this research. Please be aware that information about this survey may be stored in browser history.

1.3.3 Representation

As this research focuses on the experiences of those involved in the MAS project, the research sample was restricted to women already taking part in the MAS project. This meant that issues with under-representation within the MAS project were replicated, in terms of representation, in this research. It is therefore acknowledged that some demographic groups of women are under-represented in this research, including ethnic minority women, Traveller women and women from religious minorities.

1.4 Note from the Researcher

The Researcher would like to sincerely thank the MAS participants who took part in this research and who gave their time and shared their experiences so generously throughout the research process.

The Researcher would also like to thank the WRDA MAS Project Co-Ordinator and the MAS Group Leaders who facilitated the focus groups with MAS participants. It is a tribute to the MAS leaders in each of the women's centres that participants directly named and thanked their group leaders for their support in responses to the anonymous online survey.

The Researcher also extends her thanks to the Director of WRDA for her supervision and support during this research.

Maternal Healthcare in Northern Ireland

2. Maternal Healthcare in Northern Ireland

2.1 Northern Ireland health system

The Health and Social Care Board (HSCB) is responsible for commissioning health and social care services in Northern Ireland (NHS services) using funding from the Department of Health[3]. The HSCB oversees the work of six Health and Social Care (HSC) Trusts, including five geographical area Trusts and the Ambulance Trust. The five geographical Trusts include:

- Belfast Trust
- Northern Trust
- Western Trust
- Southern Trust
- South Eastern Trust

These Trusts are responsible for providing healthcare services for different geographical areas in Northern Ireland. Within each of these Trusts, NHS services are provided including hospitals, care homes, clinics and GP practices.

2.2 Maternal healthcare provision

There are two primary types of maternal care available in Northern Ireland: midwife-led care and consultant-led care. A range of maternity services are offered across the HSC Trusts in Northern Ireland. These include:

- In-hospital maternity services
- Midwife-led Units (MLUs)
- At-home services
- Community midwives clinics (in North, South and West Belfast)
- Maternity Service Helpline

There are several specialised units within Maternity Hospitals such as Admission Assessment Units, Early Pregnancy Units and Neonatal Units. However, the availability and quality of these units varies across the five HSC Trusts.

2.3 Midwife-led Units (MLUs)

A midwife-led unit (MLU) is a maternity unit where the midwives are the lead professional. Midwife-led care has been found to bring several benefits to people requiring maternal care[4]. MLUs are primarily for those having a straightforward pregnancy with a single baby[5].

The Northern Ireland Maternity Care Strategy (2012-2018) made a clear commitment to pursuing *"a move towards a maternity service model providing accessible local midwife-led services or home birth for those women for whom such care is appropriate"*[6]. This move would indicate a shift towards increased

[3] Fact Check NI (2020) 'The health system in Northern Ireland: How is it structured and who makes decisions about COVID-19?' Available here.
[4] GAIN (2018) 'Guideline for admission to midwife-led units in Northern Ireland and Northern Ireland normal labour and birthday care pathway' Available here.
[5] Ibid.
[6] DoH (2012) 'A Strategy for Maternity Care in Northern Ireland 2012-2018' Available here.

levels of community-based care However, ten years after this Strategy was published, there are still only eight MLUs in Northern Ireland, as illustrated on the map below[7]. These units are primarily based in the greater Belfast area.

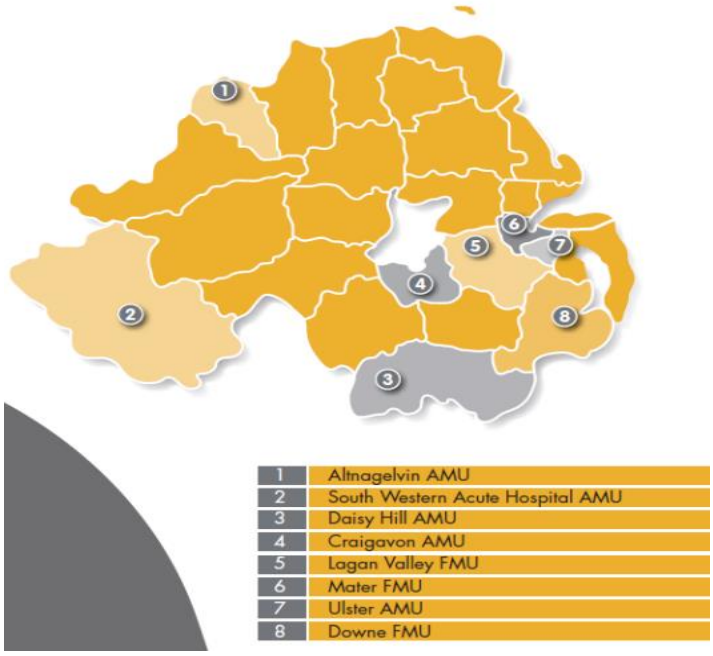


Figure 1: Map of MLUs in Northern Ireland

2.4 Gaps in statutory provision

Pregnancy and childbirth have a significant impact on women's physical and mental health. Although the physical impacts are largely acknowledged and understood, there is significant stigma and lack of understanding around maternal mental health within families, communities and wider society, including the health system.

It is estimated that one in five women experience mental health issues during pregnancy or after giving birth[8]. Perinatal mental health issues include mental health issues that affect women during pregnancy and up to 12 months after birth, such as, depression, anxiety and post-partum psychosis.

According to Action on Postpartum Psychosis, postpartum psychosis is "the label used by most professionals for an episode of mania or psychosis with onset soon after childbirth[9]." About 70 women per year in Northern Ireland are admitted to hospital with post-partum psychosis[10].

[7] GAIN (2018) 'Guideline for admission to midwife-led units in Northern Ireland and Northern Ireland normal labour and birthday care pathway' Available here.
[8] Green, L., and Thachil, A., (2018) 'Mental health in pregnancy.' *Royal College of Psychiatrists*. Available here.
[9] Action on Postpartum Psychosis (2022) 'What is Postpartum Psychosis' Available here.
[10] BBC News (2022) 'Swann urged to set up mother and baby mental health unit' Available here.

2.4.1 Lack of Mother and Baby Unit (MBU)

Northern Ireland is the only devolved region of the United Kingdom without a Mother and Baby Unit (MBU). According to Action on Postpartum Psychosis:

> *"A Mother and Baby Unit (MBU) is a specialist inpatient treatment unit where mothers with mental illness are admitted with their babies. MBUs include multidisciplinary teams of experts able to care for the physical and emotional needs of new mothers. They have specialist knowledge of the issues surrounding medication management in pregnancy and the postnatal period; specialist facilities appropriate for new mothers and babies; support breastfeeding, parenting skills; and bonding at this critical time in the developing mother-infant relationship."*[11]

In the absence of an MBU, women in Northern Ireland who are experiencing serious postpartum mental health issues are admitted to general psychiatric care facilities, where they are separated from their babies while they receive care.

2.4.2 Continuity of carer model

Continuity of care is a crucial aspect of maternity services. The aim of continuity of care is to ensure that mothers are cared for by professionals who they know and trust. Seeing the same healthcare professionals regularly allows women to build relationships with them, making them more likely to make disclosures regarding their maternal mental health.

Continuity of care has been recognised by the National Maternity Review as a 'key tenet' of maternity services that helps to ensure personalised and safe care[12]. Evidence suggests that this model leads to better outcomes for mothers, as they are less likely to experience preterm births, still births, episiotomies, intervention, and are more likely to have a normal birth and breastfeed[13].

In 2016, the National Maternity Review recommended that the NHS roll out a continuity of care model to ensure safer care, based on a relationship of mutual trust and respect between women and their midwives[14]. NHS England has committed to making this the default model of care for all pregnant women in England by March 2023[15].

[11] Action on Postpartum Psychosis (2022) 'APP campaign on Mother and Baby Units' Available here.
[12] National Maternity Review (2016) 'Better Births: Improving outcomes of maternity services in England: A Five Year Forward View for maternity care.' Available here.
[13] AIMS (2020) 'Continuity of Carer, Northern Ireland - trying to do it properly!' in *Social Media in Pregnancy and Early Parenthood,* Vol. 32 (4), pp 33-35. Available here.
[14] National Maternity Review (2016) 'Better Births: Improving outcomes of maternity services in England: A Five Year Forward View for maternity care.' Available here.
[15] NHS (2021) 'Delivering Midwifery Continuity of Carer at full scale: Guidance on planning, implementation and monitoring 2021/22' Available here.

In Northern Ireland, continuity of care implementation teams have been established in all five Trusts, however, we are yet to see a region-wide roll-out of the model.

2.4.3 Health visitors

Health Visitors are trained nurses with specialist qualifications in child, family, community and public health. Every family with a child under the age of five is allocated a Health Visitor[16]. Health visitors are in a crucial position to support maternal mental health as they are a regular point of contact for new mothers with the health service[17].

However, due to high staff turnover rates and increasing pressure on public health services, it is common for new mothers to be seen by several health visitors within a short space of time. This makes it difficult for mothers to develop a strong relationship with the health visitor where they feel comfortable making disclosures about their maternal mental health.

2.4.4 Peer support

Evidence suggests that peer support has positive impacts for maternal mental health as it reduces social isolation and enhances self-esteem and self-efficacy among mothers[18]. Research finds that peer support has particularly positive impacts for marginalised women, such as women from ethnic minority backgrounds, who may have limited social support networks or face cultural stigma around issues relating to mental health[19].

Community-based peer support is particularly beneficial as it can act as a bridge to social activities outside the home. For example, it can lead to mothers becoming involved in community activities such as volunteering, skills development workshops and social clubs. New mothers often face barriers to participating in these activities and peer support groups can make it more likely for them to take part as they allow mothers to form connections and build networks outside of their home[20].

The Department of Health published its ten-year Mental Health Strategy in June 2021. This Strategy made a commitment to creating a regional peer support and advocacy model across mental health services in Northern Ireland. This would create clear roles and guidance for peer support workers and integrate peer support into multi-disciplinary teams[21]. The strategy also highlights the importance

[16] PHA (2022) 'Child health services: Health visiting and Family Nurse Partnership' Available here.
[17] Leonard, R. (2020) 'A multiple perspective exploration of health visitors' family focused practice with mothers with mental illness and their families' Available here.
[18] Scottish Government (2020) 'Peer Support in Perinatal Mental Health: Review of Evidence and Provision in Scotland (Internship Project Report)' Available here.
[19] McLeish and Redshaw (2017) in Scottish Government (2020) (Ibid.)
[20] MMHA (2022c) 'What does good perinatal peer support look like?' Available here.
[21] DoH (2021) 'Mental Health Strategy 2021-2031' Available here.

of the role of the community and voluntary sector in providing spaces for peer support and commits to working closely with the sector in the future.

2.4.5 Specialist peri-natal mental health teams

In recent years, there have been co-ordinated attempts to increase the provision of specialist peri-natal mental health teams across the U.K. However, Northern Ireland continues to lag behind the rest of the U.K. in terms of full implementation of these specialist teams across all health trusts.

These teams are intended to cater for the needs of women experiencing severe mental health issues which means that the criteria for qualifying for admittance is strict. According to the Maternal Mental Health Alliance, "specialist perinatal mental health services provide life-saving care to women and families affected by severe or complex mental health problems during pregnancy and in the first years after birth."[22]

Although the roll-out of specialist peri-natal mental health teams is underway, there is disparity across the five trusts in terms of the number of staff members in each team, with the Belfast Trust and South Eastern Trust having bigger teams than the other three trusts. Therefore, access to these teams and the services they provide remains a 'postcode lottery for women in Northern Ireland.

2.5 Recent developments

Work on improving maternal healthcare services in Northern Ireland is ongoing and there have been several recent developments of note. This section will highlight some of these key developments.

2.5.1 Mother and Baby Unit (MBU)

As previously mentioned, Northern Ireland is the only part of the UK without a Mother and Baby Unit (MBU). In 2021, the Minister for Health, Robin Swann, approved a funding package for the development of specialist perinatal mental health services in each of Northern Ireland's five Health and Social Care Trusts[23].

As a result of the power-sharing collapse in February 2022, there is currently no serving Minister for Health, however, the former Minister Robin Swann indicated that a strategic outline for a Northern Ireland MBU would be ready by March 2023.

In October 2022, MAS project participants led a joint campaign with organisations and charities across Northern Ireland and the U.K. urging the establishment of an MBU for Northern Ireland. As part of this campaign, MAS participants presented an open letter to the Minister of Health at Parliament Buildings, signed by 40 organisations showing support for a Northern Ireland MBU.[24]

[22] MMHA (2022a) 'Improving access to specialist perinatal mental health services' Available here.
[23] Maternal Mental Health Alliance (MMHA) (2022) 'Update on the rollout of specialist perinatal mental health services in Northern Ireland' Available here.
[24] BBC News (2022) 'Swann urged to set up mother and baby mental health unit' Available here.

2.5.2 Continuity of Care model

The continuity of care model will be piloted in all Trusts in Northern Ireland as of early 2023. These pilots will be led by a dedicated implementation team in each Trust.

2.5.3 Specialist perinatal mental health teams

Funding for perinatal mental health specialist teams in Northern Ireland was announced in 2020, however, the full implementation of these teams is yet to be completed. This roll-out is currently underway and the Department's intention is to have one team per Trust.

2.5.4 Multi-disciplinary teams

The Department of Health has committed to the full implementation of multi-disciplinary health teams across all Health Trusts in Northern Ireland in its 2021-2031 Mental Health Strategy[25]. As part of these teams, First Contact Physiotherapists, Social Workers and Mental Health Practitioners will work alongside the GP teams to provide enhanced access to health and social care services within a primary care setting[26].

However, to date, these teams have only been implemented in a small amount of areas, including Derry and some areas of West Belfast. Therefore, access to these teams remains a 'post-code lottery' for women in Northern Ireland.

2.5.5 The Impact of Executive Collapse

The Northern Ireland Executive collapsed in February 2022. This means that there are currently no Ministers in place to make Departmental or budgetary decisions. Consequently, no new funding for additional services can be agreed until the Executive is restored.

[25] DoH (2021) 'Mental Health Strategy 2021-2031' Available here.
[26] DoH (2022) 'Primary care multi-disciplinary teams' Available here.

The MAS Project

3. The MAS project

3.1 Introduction to MAS

The Maternal Advocacy and Support (MAS) project is led by the Women's Resource and Development Agency (WRDA), in partnership with Aware NI, and works with more than 200 women from across eight women's centres in Northern Ireland to develop a network of peer support groups for those experiencing perinatal mental health issues.

The MAS project also provides opportunities for participants to attend workshops aimed at promoting positive mental health, building relationships and tackling isolation[27]. The project also provides a platform for women to share and discuss their experiences with the healthcare system and advocate for the improvement of services.

The MAS project operates within eight women's centres across Northern Ireland that act as 'MAS hubs'. These centres include:

- Women's Centre Derry
- Atlas Women's Centre
- Footprints Women's Centre
- Windsor Women's Centre
- Ballybeen Women's Centre
- Falls Women's Centre
- Greenway Women's Centre
- Strathfoyle Women's Activity Group

The MAS project combines supporting mothers with providing opportunities for advocacy and campaigning. MAS participants are given opportunities to share their views about what changes they would like to see in maternal healthcare provision. Campaign aims include[28]:

- Establish an MBU for Northern Ireland
- See the full implementation of specialist peri-natal mental health teams in Northern Ireland
- Increase awareness and support for breastfeeding
- Improving maternal healthcare services
- Achieve long-term funding for the MAS project
- Move to a model of community based care
- Restore women's confidence in the health services

[27] Community Fund (2019) 'The MAS Project' Available here.

[28] These campaign aims were identified by the WRDA MAS Project Co-Ordinator during a one-to-one interview with the Researcher as part of this research.

3.2 Social Return on Investment

It is estimated that ill mental health in Northern Ireland (NI) costs the NI economy £3.4 billion every year[29]. As noted by the Mental Health Foundation, opportunities for protecting mental health begin during pregnancy[30]. The mental health of mothers and pregnant people is closely tied to the mental health and development of infants, which can have "long-lasting adverse impacts for a child's emotional health, and their physical and cognitive development"[31].

'Social return on investment' refers to the social value of particular policies, services and community projects. It is an "outcomes-based measurement tool" that can be used to quantify social value, including environmental and economic value[32]. Social investment, more generally, refers to the use of investment as a means to achieve social returns that will bring savings to public finances in the long term[33]. For example, investing in drug addiction support programmes to improve mental health in the community, which will in turn reduce pressure on the health system and reduce public health spending in the long term.

The aim of the WRDA MAS project is to provide women with community-based support for their mental health. This has both a preventative and prescriptive impact on mental health in the wider community. The MAS project is an example of social return on investment as it brings about significant social value to communities across Northern Ireland, in the absence of similar projects or statutory provision of maternal mental healthcare services. This value, in turn, brings savings to public spending in the long term, as it provides key mental health services which are currently unavailable in statutory provision.

3.3 The Impact of MAS

3.3.1 The Social Value of MAS

Prevention

The MAS project is a preventative and early-intervention service for mothers struggling with their mental health. MAS peer-support groups improve the social inclusion of isolated mothers through the provision of opportunities for developing friendships and networks in women's centres. Through these peer support groups, MAS contributes to the prevention of serious mental health issues by offering intervention before mental health issues can worsen, which could require women to be admitted for psychiatric care (and separated from their child as a result of there being no MBU in Northern Ireland).

Community development

MAS sessions include the delivery of self-care and skills development workshops. These workshops allow MAS participants to develop practical skills which not only

[29] Mental Health Foundation (2022) 'The economic case for investing in the prevention of mental health conditions in the UK' Available here.
[30] Ibid.
[31] Ibid.
[32] NEF Consulting (2022)
[33] VONNE (2022)

improve their mental health but can increase their employability. For example, several MAS participants have completed an OCN Accredited Qualification in perinatal mental health as a result of being involved in the MAS project. Increased employability has the potential to improve economic outcomes for mothers and families.

3.3.2 Short term, medium term and long term impacts

The following table summarises some of the key short, medium and long term impacts of MAS for participants, their families and the wider community. This data has been derived from a one-to-one interview that took place with the MAS Project Co-ordinator.

Table 1: The Impact of MAS

Short term impacts	Medium term impacts	Long term impacts
• Participants make new friends • Participants' children make new friends e.g. in women's centre creche • Participants have more social connection • Participants feel part of something • Improved mood among participants	• Increased confidence • Participants feel more feel more able to speak out and advocate for themselves and other mothers • Having a platform to advocate makes participants feel that their voices are valued	• Improved maternal mental health • Reduced stigma of maternal mental health, which makes it easier for women to disclose issues in the future • Improved statutory maternal healthcare provision • Development opportunities for women including careers guidance and skills development

3.4 Future potential of MAS

WRDA is keen to see the MAS project continue to support women across Northern Ireland in the coming years. Building on lessons learned during the first two years of the MAS project, WRDA has identified several areas for further development which it would like to see explored in the future. These potential areas for development include:

- Expanding the MAS project to improve outreach and engagement with marginalised groups of women, such as, rural women, ethnic minority women and women from religious minorities
- Exploring the impact of domestic abuse on maternal mental health
- Providing MAS participants with opportunities for organising and developing projects within MAS

3.4.1 Sustainability of Funding

The MAS project has provided peer support to more than 200 women over the course of the last two years and the impact of this support is already being felt by

participants and their communities. However, the short-term nature of funding is a threat to the long-term sustainability and success of the MAS project.

MAS is a three-year project funded by the National Lottery Community Fund. The delivery of the MAS project is only guaranteed for the span of the funding period. Once this funding period has ended, WRDA must apply for more funding to continue the MAS project.

Research Findings

4. Research Findings

4.1 Key Findings

Quantitative data from an **anonymous online survey** with MAS participants showed that:

- **100%** of MAS participants said they would recommend the MAS project to others
- **100%** of MAS participants said that the MAS project had a positive impact on their mental health
- **100%** of MAS participants said that, as a result of being involved in the MAS project, they felt more supported
- **100%** of MAS participants said that, as a result of being involved in the MAS project, they felt better able to advocate on issues relating to maternal mental health
- **94%** of MAS participants said that, as a result of being involved in the MAS project, their confidence had increased

Qualitative data from four **focus groups** with MAS participants showed that:

- As a result of being involved in the MAS project, participants said their **mental health had improved**, they had become **more confident** and that **feelings of loneliness reduced.**
- MAS has acted as a **'lifeline'** for mothers struggling with their mental health who **struggled to find support elsewhere**
- MAS provides a space for mothers to **build friendships, learn practical skills and access peer support** in the heart of their local community

4.2 Survey Data

1. Why did you decide to take part in the MAS project?

There were 31 written responses to this question and the vast majority of these responses cited one or more of the following reasons:

- **Struggling with mental health during or after pregnancy**
- **Wanted to find support for mental health**
- **Signposted by healthcare providers e.g., health providers, G.P.**

Other reasons cited by survey respondents for joining MAS included:

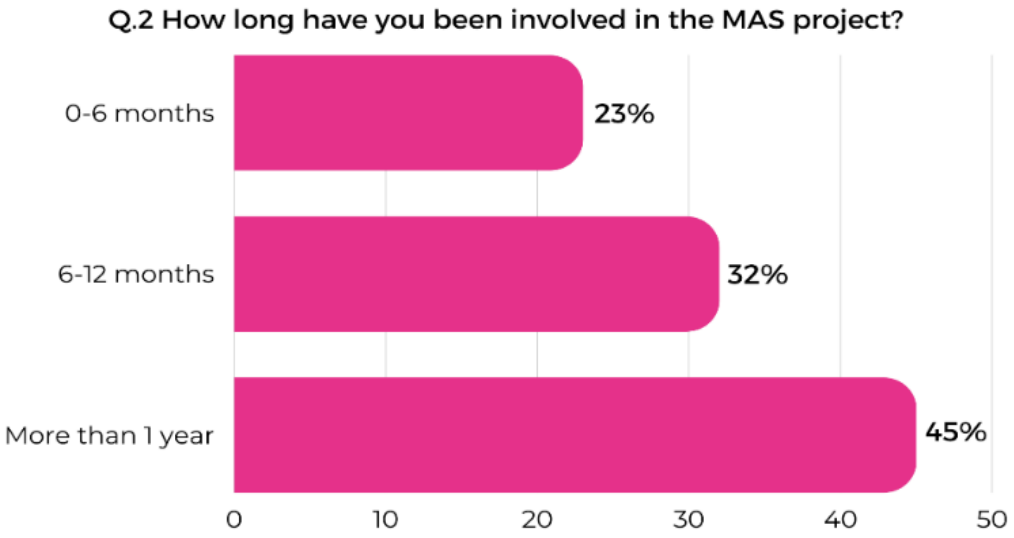
- Wanted more social interaction and an opportunity to make new friends in the local community
- Opportunity to get advice and support from other mothers
- Opportunity to advocate to make things better for other mothers

Below is a sample of quotes from responses received to this question:

> *"I felt **isolated** after having a traumatic birthing experience during the pandemic, and I felt that it [MAS] offered support."*
>
> *"Because I was feeling isolated and **not myself** during lockdown so I needed this to help me."*
>
> *"Social interaction with other mums and I was **struggling** with being stuck in the house."*
>
> *"To help with my post-natal **depression and anxiety."***
>
> *"I was struggling really bad with my mental health after I had my second child to the point I **could not leave the house** or even hold a conversation with someone, I am not from the area I live and knew very little people and had **zero support** so I thought this would be a great way to make a step in the right direction of improving my mental health and then in turn my quality of life."*

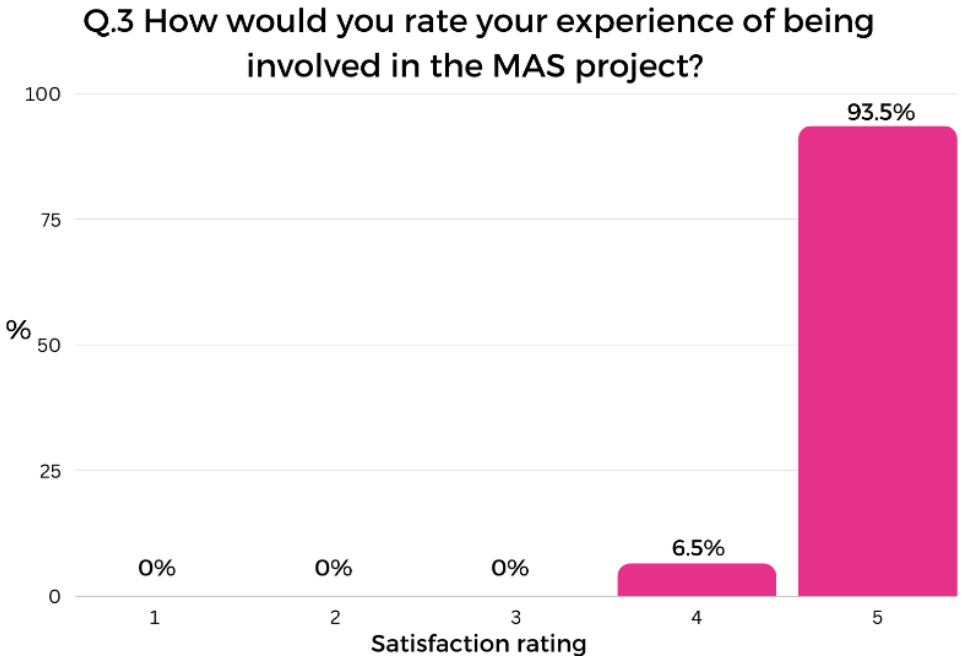
2. How long have you been involved in the MAS project?

There were 31 responses to this question. **45%** of respondents had been involved in the MAS project for more than one year. **32%** of respondents had been involved for 6-12 months and **23%** had been involved for 0-6 months. This means that the vast majority of MAS participants who responded to this survey were involved with MAS for at least 6 months. This data has been visualised on the following graph:



3. How would you rate your experience of being involved in the MAS project?

There were 31 responses to this question. **93.5%** of MAS participants rated their experience of being involved in the MAS project 5 out of 5 and **6.5%** of MAS participants rated their experience 4 out of 5. In total, **100%** of MAS participants rated their experience of being involved with MAS as a 4 or 5 out of 5. This data has been visualised on the graph below:



4. What has been your favourite part of being involved in the MAS project?

This question provided a space for MAS participants to discuss their favourite aspects of the MAS project. Although this was an optional question, 30 out of 31 respondents provided an answer.

The most common responses to this question included:

- **Feeling supported, safe and cared for in MAS**
- **Access to on-site creche**
- **Non-judgemental support**
- **Activity workshops e.g., crafts, gardening, mindfulness**
- **Meeting and making friends with other mums**

Other responses included:

- Becoming a MAS group representative
- Campaigning for change
- Having some 'me time'

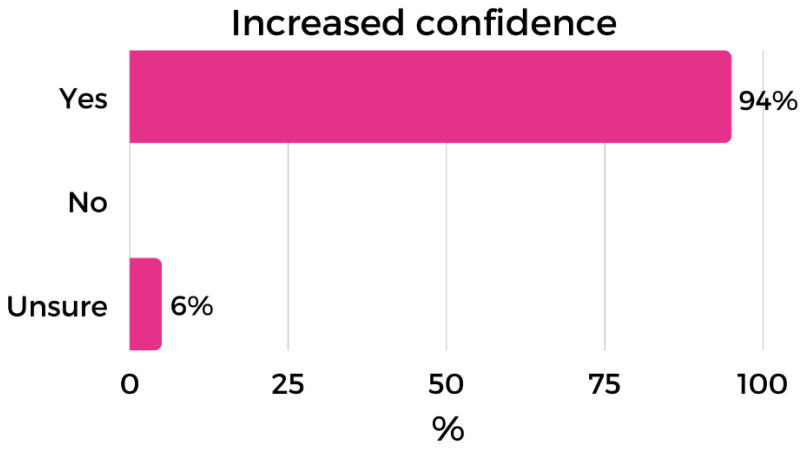
A sample of quotes from responses to this question has been provided below.

> *"For the 2 hrs, group meets you feel **safe, supported and cared for.** Having onsite creche means that you do not need to worry about childcare and you can relax knowing that your precious children are in safe hands. The **creche is excellent and provides reassurance** that you can relax during group."*
>
> *"...Just them few hours each week has been **the best time of my weeks** by far I wouldn't know what to do without the group."*
>
> *"The camaraderie of mothers, being able to **discuss without judgement** the struggles we each face from learning to be a parent to Mental health and more."*
>
> *"...I can share my struggles and I don't feel embarrassed or ashamed. I leave each class feeling **empowered and supported."***
>
> *"The chance to meet other mums that understand my feelings and circumstance. The **chance to change things** in our country for all mothers coming after us."*

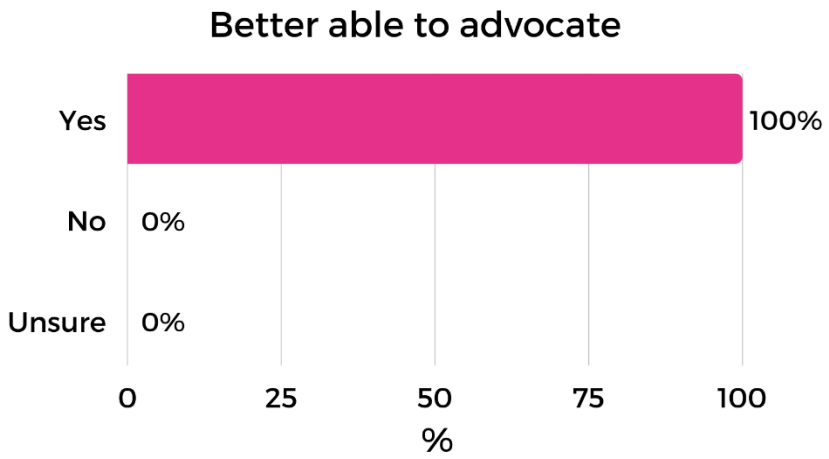
5. *Has your participation in the MAS project benefitted you in the following ways?*
    - *Increased confidence*
    - *Feel more supported*
    - *Better able to advocate*

There were 31 responses to this question. **94%** of respondents said that their confidence had increased and **100%** of respondents said that they felt better able to advocate and more supported as a result of being involved in the MAS project. This data has been visualised on the following graphs:

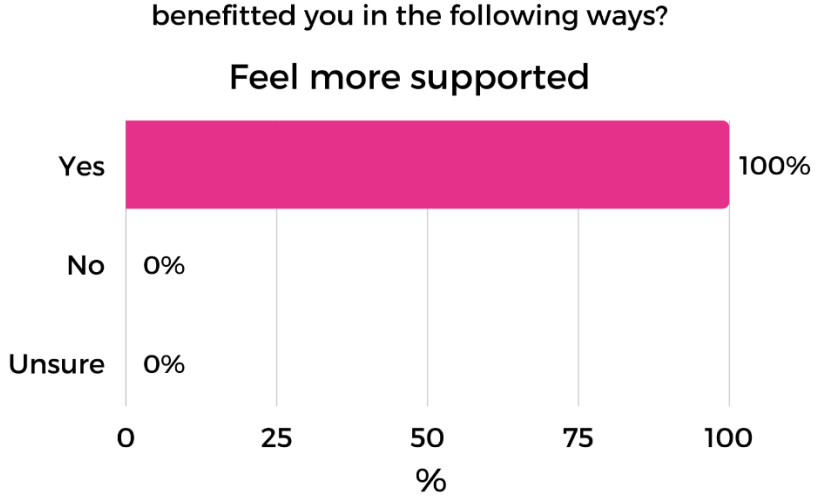
Q.5 Has your participation in the MAS project benefitted you in the following ways?



Q.5 Has your participation in the MAS project benefitted you in the following ways?

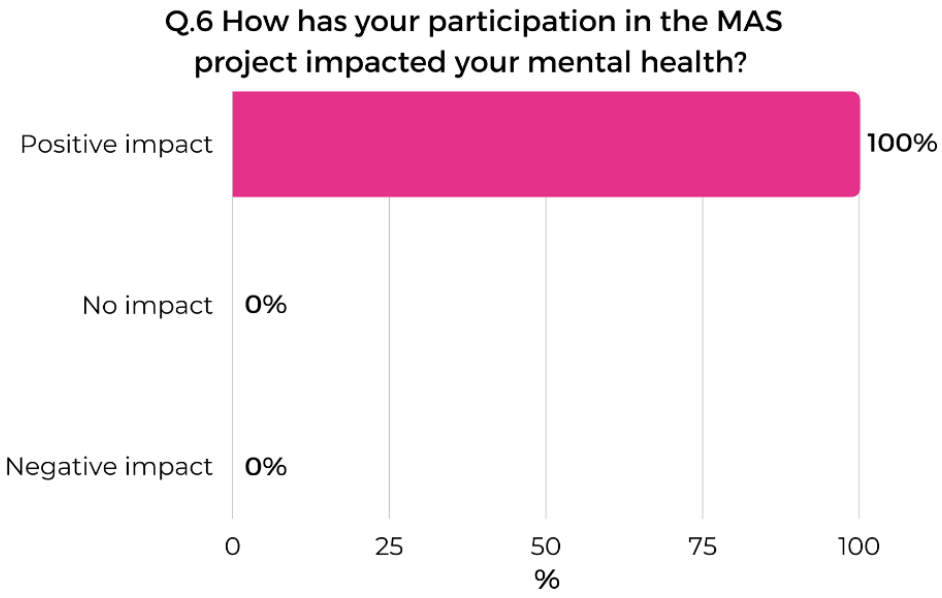


Q.5 Has your participation in the MAS project benefitted you in the following ways?



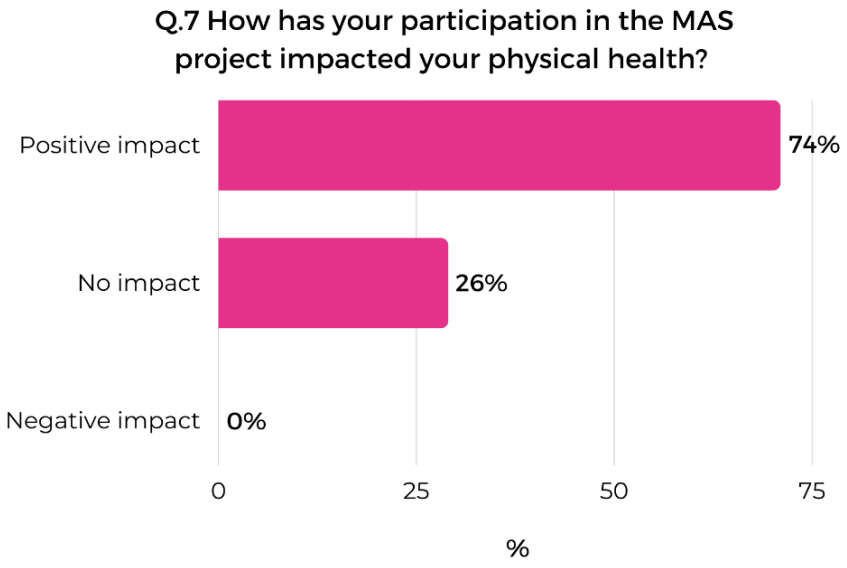
6. How has your participation in the MAS project impacted your mental health?

There were 31 responses to this question. **100%** of respondents said that their participation in the MAS project impacted their mental health. This data has been visualised on the graph below. No respondents said that MAS had a negative impact on their mental health.



7. How has your participation in the MAS project impacted your physical health?

There were 31 responses to this question. **74%** of respondents said that their participation in the MAS project has had a positive impact on their physical health and **26%** said that it had no impact. No respondents said that MAS had a negative impact on their physical health. This data has been visualised on the graph below.



8. *Please use this box to tell us more about the impact of the MAS project on your mental and or/ physical health.*

This optional question provided respondents with an opportunity to provide detail on how MAS has impacted their mental and/ or physical health. There were 23 responses received for this question and many of these responses were highly detailed.

The most common impacts cited by respondents included:

In relation to mental health

- Improved mental health e.g., increased self-esteem, confidence, and happiness
- Better able to cope when things go wrong
- Feeling less isolated
- Feeling more motivated
- Feeling like you have a purpose

In relation to physical health

- More active e.g., walking more, going to the gym, swimming
- Improved fitness
- Losing weight
- Better able to communicate with health practitioners

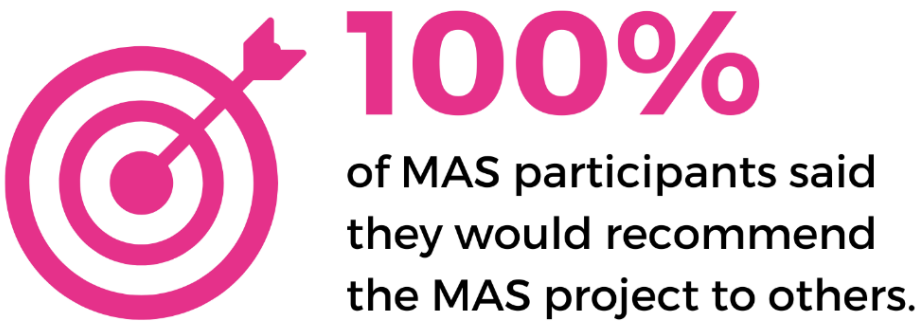
A sample of quotes from responses received to this question have been included below:

> *"...I go straight from the MAS project to my counselling session and I find **I can now focus on getting myself better** while at counselling because I'm not having to ramble on to my counsellor about every small detail that affected me this week as I now have people to share that with..."*
>
> *"...Sometimes I find my mood slipping in between sessions but two hours in the mas programme and it **gives me a wee lift** again until the next one."*
>
> *"Knowing that I'm not alone in all this is a big one for me, knowing I'm **more than just a mammy** and I'm actually a person who matters outside of my maternal role has changed my life..."*
>
> *"...It has made me remember the beauty and creative way of life I used to have and help me **meet like-minded mothers** who are feeling similar emotions to me."*
>
> *"I look forward to the entire day I attend the mas project, the other Mums are great I'm **getting more fit** by walking to and from [women's centre] and walking is also good for mental health and clearing the head."*

9. Would you recommend the MAS project to others?

There were 31 responses to this question. **100%** of MAS participants said that they would recommend the MAS project to others.

Q.9 Would you recommend the MAS project to others?



10. If you answered yet to Q9, why would you recommend it to others?

This was an optional question but still received 27 responses out of the total 31 survey respondents. Several respondents noted in their response to this question that they **had already recommended** the MAS project to others.

Some of the most common reasons why respondents said they would recommend MAS to others included:

- Opportunity for socialising
- Opportunity for respite
- Access support and advice from other mums
- Mental health support
- Gives you a sense of purpose
- Fun and enjoyable

Below is a sample of quotes from responses received to this question:

> *"...This brings me so much joy that through my Mas experience I can **reach out and help more woman** just like me. It really is a fantastic programme that is highly depended on."*
>
> *"...It provides invaluable support when it is greatly needed. Doctors can provide medical support but group can provide a **more holistic approach** with a wide variety of maternal support & wellbeing strategies..."*
>
> *"I wish that this was about when I had my first child (he is 8) it has benefited every aspect helping me to **start to heal trauma** bit by bit."*
>
> *"...Anyone suffering the way I did deserves the chance to be part of Mas as it honestly has **helped so so much."***

4.3 Focus Group Data

Four focus groups were held with MAS participants. In each of these focus groups, participants were asked three questions:

1. Why did you get involved with the MAS project?
2. What have you gained as a result of being part of the MAS project?
3. What does MAS provide that you can't access elsewhere?

4.3.1 Summary of Responses

This section will provide a summary of responses to these questions.

1. Why did you get involved in the MAS project?

The majority of participants cited one or multiple of the following reasons in response to this question:

- **Struggling with mental health**
- **Unable to access adequate mental health support elsewhere**
- **Signposted to women's centre (or MAS specifically) by friends, family, health visitors, GPs and other healthcare providers**

More detail on these groups of responses has been provided below.

Struggling with mental health

The majority of MAS participants got involved with MAS because they were struggling with their mental health during and/ or after pregnancy. MAS participants shared experiences of struggling with feelings of isolation, loneliness, unpreparedness for parenting, relationship breakdowns, suicidal thoughts, traumatic births, bereavement, grief, fear of judgement, struggling as a single mum, anxiety and depression.

Several participants explained how they knew they were struggling with their mental health but were afraid of disclosing this to their health visitor and other health professionals, in case their ability to parent was called into question. Other participants explained that although they knew they were struggling with their mental health, they did not want to speak to the GP because they did not want to be prescribed medication before trying talking therapy.

Unable to access other mental health support

The majority of participants who said they were struggling with their mental health had tried to seek support elsewhere before coming to MAS. This included trying to make counselling appointments and appointments with the GP. Participants noted several barriers they faced when trying to access support, including long waiting lists for counselling, no available GPs at their local surgery and having no access to childcare to facilitate them attending appointments.

Several MAS participants said they did not have a strong support network of family and friends to turn to when they were struggling with their mental health. This also meant that, for several participants, they had no one to rely on to provide childcare while they accessed mental health support.

Several participants had previously accessed some form of support prior to joining MAS, including counselling appointments and GP appointments. Some participants had also previously been admitted to psychiatric care facilities. However, participants emphasised that the counselling appointments they had received in the past were limited and only provided short-term support.

Signposting

The majority of MAS participants were either signposted directly to MAS from within their women's centre or signposted to the women's centre by health visitors, family support workers and, in some cases, their GP. The fact that many women are signposted first to the women's centre and then to MAS highlights the crucial role of women's centres in the successful delivery of the MAS project.

Women's centres are respected in communities and regarded as safe places where women can access support, including practical support and mental health support. Many women who were signposted to the women's centre for support did not know about MAS and only became aware of it after becoming involved in another course in the women's centre.

2. What have you gained as a result of being part of the MAS project?

The majority of participants cited one or multiple of the following gains in response to this question:

- **Improved mental health**
- **New friends and support network - Stronger sense of community**
- **Practical skills e.g., sewing, writing, crafts, self-care**

Other responses included:

- Development opportunities e.g., group leader roles
- OCN Level 3 qualification in perinatal mental health
- Better able to help others
- Opportunities to have voice heard and advocate

More detail on the most common groups of responses has been provided below:

Improved mental health

The majority of MAS participants have seen improvements in their mental health since joining the project. This has included improved mood, increased confidence, feeling more positive, feeling more relaxed,

reduced feelings of loneliness and feeling more supported through difficult times.

It was highlighted throughout the research that there is no 'straight line' to recovery when it comes to healing from trauma. Several MAS participants emphasised that they still have difficult days, weeks and months, but because they are part of a MAS group, they feel more able to cope when times are difficult. In the words of a participant, MAS alone may not eradicate mental health issues, but it provides **"tools in my tool bag to help my mental health."**

Several MAS participants attributed improvements in their mental health to the non-judgemental environment MAS offers, which allows them to open up without fear of shame, guilt or stigma.

New friends and support network

As previously mentioned, many of the MAS participants struggled with feelings of isolation prior to becoming involved in MAS. Further, many did not have access to support networks of friends and family and felt alone in coping with their mental health issues. In some cases, participants had moved to a new area and did not have friendships or connections in their local community.

Several participants described having an enriched sense of community as a result of being involved in MAS. One participant explained how she had moved house to be closer to the women's centre and her new friends in MAS.

Several participants described feeling **"validated"** by being able to share their feelings in a space where many participants had been through similar experiences and experienced similar struggles.

Several MAS participants said that MAS provided them with a much-needed opportunity for respite from caring responsibilities. For many of the MAS participants, the two-hour weekly session was the only opportunity for respite during the week. Several participants described this as their dedicated weekly **"me time"** where they can focus on their own well-being, health and emotional needs. One participant described MAS as being **"a space for mum to be looked after"** when it is usually mum looking after everyone else.

The majority of MAS participants considered making new friends to be one of the most significant gains they had made as a result of being involved in the project. The support and camaraderie within the groups was observable to the Researcher in each of the women's centres where focus groups were held.

One participant remarked **"these are my people now"** in reference to her MAS group, and another referred to the MAS group as her "backbone of support." Another participant described being part of MAS as being like having **"your own wee group of counsellors."**

Within each MAS group, the friendship and support between participants extends beyond the weekly in-person sessions. MAS groups have also established Whatsapp groups so that participants can stay in touch via social media outside of the sessions. In some groups, the participants meet up after their MAS session for lunch or go walking together.

MAS participants not only provide each other with emotional support but also practical support in the form of childcare. Several participants explained that when they needed childcare, they would ask in the Whatsapp group was available.

The children of MAS participants have also benefitted through new friendships and larger support networks as a result of MAS. The women's centre creche is available to MAS participants during group sessions which means that participants' children can socialise together in the creche. Several participants said that these creche friendships had extended outside of the women's centre and they now attend 'play dates' with the children of other MAS participants.

Practical skills

Several MAS participants cited practical skills as one of their key gains from being involved in the MAS project. As part of MAS, external organisations are invited to deliver training and skills development courses to participants in the women's centres. These include workshops on crafts, sign language and sewing. The participants value these workshops not only for the skills they develop but also the relaxing environment the workshops create, which makes it easier to discuss their mental health.

MAS participants also described learning new practical skills as a result of their regular interaction with other mums at the MAS sessions. In each of the women's centres, participants provided examples of times they were concerned about their child's health and asked the other MAS participants for advice. One participant recounted noticing a particular rash on her baby and immediately messaging the MAS Whatsapp group for advice.

3. *What does MAS provide that you can't access elsewhere?*

The most common responses to this question included the following:

- **A space for open, honest and non-judgemental support**
- **Accessible mental health support with on-site childcare**
- **Combining support with opportunities for advocacy and skills development**

Other responses to this question included:

- Speaking and learning from other mothers while accessing support
- Access to support without long waiting list
- Access to support without any costs

More detail on the most common groups of responses has been provided below.

Open, honest, non-judgemental support

The majority of MAS participants described feeling a fear of judgement when speaking about mental health issues with healthcare professionals, friends, family and family support workers. Consequently, the majority of participants said it was the open, honest and non-judgemental nature of MAS support that made it unique, as they could not access this type of support anywhere else.

Several MAS participants noted that they found it much easier discussing their mental health with other women who had been through similar experiences than healthcare professionals.

Participants also regarded the nature of perinatal mental health support in MAS to be unique, as there is very little statutory provision for perinatal mental health support. Further, MAS support is largely open-ended and participants can stay in the project for as long as they feel it is necessary. This is in stark contrast to the strict limits on sessions with other support providers, such as counsellors.

Accessible support with on-site childcare

When discussing the uniqueness of MAS, the majority of participants referenced reasons that related to the location of MAS in women's centres. Having MAS located in women's centres means that women can access support for their mental health in the **"heart of their community"** where they feel safe and comfortable.

It also means that the MAS groups are connected to other courses and supports available through the women's centre, for example, on-site creche, training courses and signposting services.

One MAS participant described the women's centre as being **"the middle link to everything"** and shared an experience of being signposted by the women's centre to a food bank when she was struggling with finances.

Combining support with advocacy and skills development

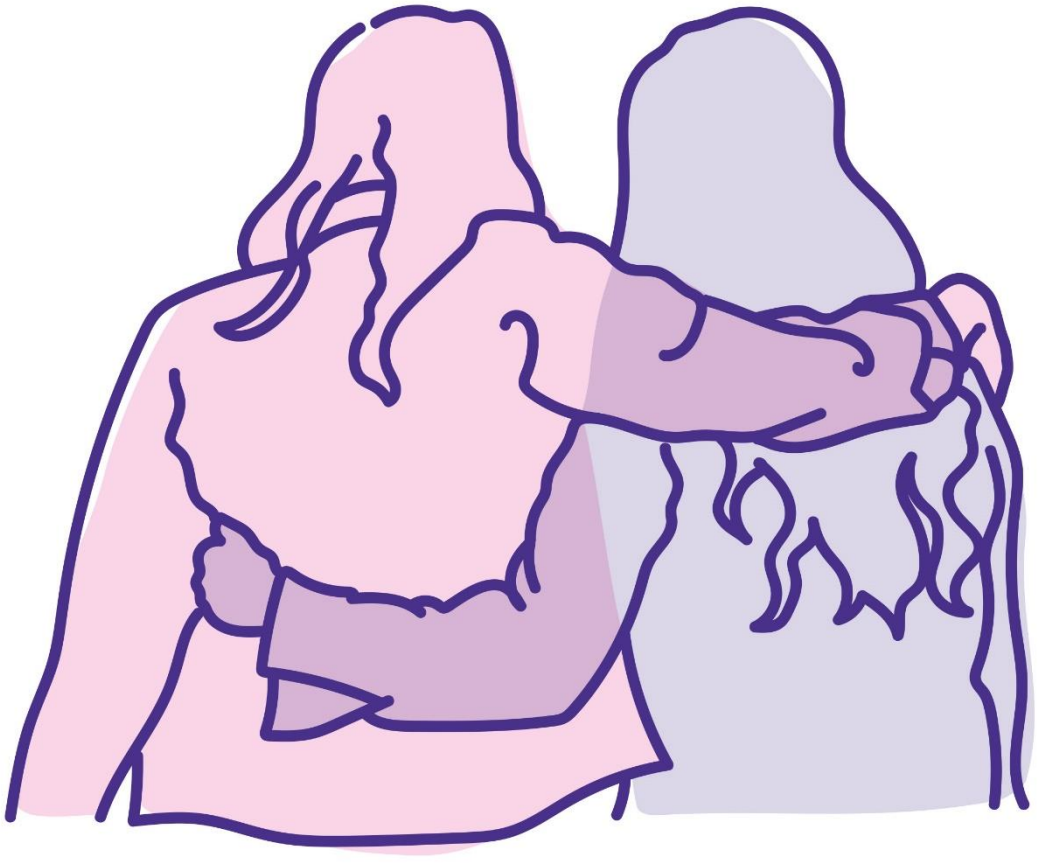
Several MAS participants felt that what makes MAS unique is its ability to combine peer support with opportunities for advocating and campaigning on the issues that they have experienced. Many participants described it as **"empowering"** to be able to **"have a voice"** after feeling voiceless and isolated in their experiences for so long.

For example, several participants were involved in the development of the recently launched MAS Lived Experiences Flyer which provides recommendations for healthcare providers on how to support mothers.

Many participants attended the launch event for this flyer in Parliament Buildings, where they had the opportunity to be interviewed by the media about their experiences and asked about what changes they would like to see in the health system.

One participant remarked that MAS lights a **"fire in your belly"** to advocate for change and improve statutory maternal healthcare provision in Northern Ireland.

Conclusion



6. Conclusion

This research report has presented findings from primary research conducted by WRDA with participants of the MAS project to highlight the impact of MAS on women's maternal mental health. This report is informed by the lived experiences of mothers and their experiences with maternal mental health issues.

Some of the key impacts of MAS, identified through this research, include:

1. MAS provides women with holistic, personalised and judgement-free maternal mental health support
2. MAS provides a unique model of support which combines maternal mental support with advocacy, campaigning and building and developing women's skills
3. MAS has contributed to improvements in maternal mental health for women across eight of the MAS hubs in Northern Ireland.

6.1 MAS Success Factors

It is clear from this research that there are several factors that have positively contributed to the success of MAS. These success factors include:

1. The location of MAS in women's centres
2. The availability of on-site childcare for MAS participants
3. The provision of workshops and skills development courses for MAS participants

6.2 Further Information

If you have any questions or queries regarding this research report, please contact the Researcher for this project, Aoife Mallon, at **aoife.mallon@wrda.net.** Any other queries regarding the work of WRDA and the MAS project should be directed to **info@wrda.net.**

Appendices

Appendix A: Survey Questions

1. Why did you decide to take part in the MAS project? (Required)
2. How long have you been involved in the MAS project? (Required)
3. How would you rate your experience of being involved in the MAS project? (Required)
4. What has been your favourite part of being involved in the MAS project? (Optional)
5. Has your participation in the MAS project benefitted you in the following ways? (Required)
    - Increased confidence
    - Feel more supported
    - Better able to advocate
6. How has your participation in the MAS project impacted your mental health? (Required)
7. How has your participation in the MAS project impacted your physical health? (Required)
8. Please use this box to tell us more about the impact of the MAS project on your mental and or/ physical health. (Optional)
9. Would you recommend the MAS project to others? (Required)
10. If you answered yet to Q9, why would you recommend it to others? (Optional)

Appendix B: Focus Group Questions

1. Why did you get involved with the MAS project?
2. What have you gained as a result of being part of the MAS project?
3. What does MAS provide that you can't access elsewhere?

Appendix C: List of Figures and Tables

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