

Supporting Parent and Infant Mental Health in Moray: exploring what works through peer research



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Executive Summary

Background

Peer support is when people use their own lived or living experience to help others. This can have many benefits such as improving people's feelings of wellbeing, belonging and ability to cope with everyday life. Peer support has been shown to benefit parent and infant mental health, for example in reducing loneliness and anxiety amongst new parents. There are different models of this, including volunteer-led support groups that meet in person and online. Peer support can be seen as a strengths-based approach because it can focus on people's strengths and assets (such as their personal skills, strengths and networks) and not on their deficits. It can also be seen to involve "social modelling" whereby individuals learn from others by spending time with them, watching their behaviours and speaking with them about their, often shared, experiences.

Project Description

The project was led by Moray Wellbeing Hub (MWH) and partnered with Children 1st and the University of the Highlands and Islands. The project worked with peer researchers, parents of young children under 3 who had lived/living experience of mental health challenges, in Moray to consider parent and infant mental health and how this could be supported through peer activities.

We undertook a review of literature and best practice on peer support for perinatal mental health in Scotland. We also trained and supported peer researchers from Moray to collect and analyse information on what may work in the region. This produced recommendations on what successful perinatal peer support in Moray might look like.

Findings

The work suggested there is a need for more parental and infant mental health support in Moray and that this could come through peer-led activities that offer in-person, drop-in support that allows for attendance with a child and is tailored to the mental health needs of Moray parents. Almost 80% of survey respondents felt there was limited or no parental and infant mental health support in Moray currently.

Yet around 73% reported experiencing mental wellbeing challenges during pregnancy or at other times. This suggests that there is a need for increased support, which could come in the form of peer activities. Peer-led education about child development and pregnancy needs more positive promotion to increase popular awareness that this is possible.

Future support could be promoted through the channels that our respondents told us they use to search for support, including social media, internet, word of mouth and professional signposting. The key areas for support as suggested by survey responses would be mood challenges, anxiety, confidence, self-esteem, loneliness, connection with partner, connection with friends and sense of identity. Additional peer research could help design activities to meet these needs.

Project Aim and Objectives

Moray Wellbeing Hub CIC (MWH) works to highlight the power of peers through their social movement, showcasing this with delivery through their projects and social enterprise activities. MWH recognised the potential value of peer support for parental and infant mental health and in collaboration with Children 1st and University of Highland & Islands (UHI), secured funding from the Ideas Fund to work together to develop ideas around what might work best in Moray in terms of this type of peer support. Children 1st brought skills from their existing Maternal and Infant wellbeing service community-based approaches to whole family wellbeing. UHI brought expertise in peer research support.

The aim of the project was to identify what works in peer support and strength-based social modelling for positive parent and infant mental health and how this may be translated into action within Moray.

Parental mental health challenges are recognised as affecting around 20% of mothers and 10% of fathers (Moran 2020). The leading cause of death for mothers in the year following birth is suicide (Knight & Tuffnell 2018). The Scottish Government has various commitments to supporting mental health at this key life-stage. It was selected for our project as the partners felt peer support may be a particularly useful way to contribute to this effort. Existing evidence suggests that peer support can help alleviate many of the determinants and stressors of poor parental mental health such as isolation and low self-esteem. Mental health challenges include anxiety, low mood, identity challenges, guilt and intrusive thoughts (Apter *et al.* 2011).

The objectives of the project were to:

- i) Review current literature and best practice on peer support for parental and infant mental health in Scotland.
- ii) Train and support peer researchers from Moray to collect and analyse information on what may work in the region.
- iii) Produce recommendations on what successful parental and infant peer support in Moray might look like.

Project Methods

Review

A non-exhaustive review of academic and grey literature was carried out in relation to parent infant mental health groups and related research. This explored the question “What works in peer support and strength-based social modelling for positive perinatal and infant mental health.”

Questionnaire

Co-design of the open to community survey was achieved by a draft survey being given to each Peer Researcher to ensure their perspective and intentions were incorporated.

The online questionnaire collected data from Moray residents between February and September 2022. This was distributed by peer-researchers and project partners Children 1st and Moray Wellbeing Hub through their formal and informal networks, as well as promoted on Facebook and through wider stakeholder networks such as the local tsiMORAY newsletter. It was also taken by the peer-researchers to social and support groups and services for other parents.

83 responses were obtained and collated by Malcolm Clark from UHI. The results are presented descriptively and discussed in this report.

Peer Interviewing

Peer research is a participatory research method that involves people with living or lived experience of the issues being studied taking part in the directing and conducting of the research itself. In this project, we used peer research to involve those with lived experience of parental mental health challenges in the collection and analysis of data from their peers. This is an appropriate method for collecting data in relation to a sensitive topic – it may be more comfortable for people to speak with those who have shared experience and they feel understand them and do not judge them. This can provide a richer set of data and counteract the negative feelings of ‘outsider’ researchers extracting data from vulnerable groups. In addition, there is the added benefit of feelings of empowerment and potentially the ability to enact positive change from within the peer group. Peer research is particularly useful when a nuanced, contextual, lived experience understanding is needed in order to understand the data gathered and the themes that emerge from it.

Five peer researchers were recruited through an invitation in early 2022 at the project launch event. Others via promotions on Facebook as well as the Moray Wellbeing Hub newsletter email and the Champion communications for existing social movement members.

The following anonymous information describes the Peer Researchers (PRs). The PRs have young children; lived and living experience of parental mental health issues, such as depression and anxiety; all gave exceedingly high commitment to the project.

Partners set the parameters and showcased the data collection and thematic analyses tools in accessible formats to the peer-researchers for sharing, exploration and deciding what they needed to

perform the work, including guidance and training for ethics, i.e., anonymity, collection and storage of data ethically. Support was offered continually by Moray Wellbeing Hub Volunteer Coordinators who were peers and had mental health first aid training.

Three training sessions were run for the peer researchers, two face to face and one online: 1) familiarisation with peer research concept and selection of CHIME as evaluation framework, 2) Listening skills, boundaries and self-care 3) Collecting research data – process and techniques, tools, uploading results. As an academic resource and support for the peer-researchers, Dr Malcolm Clark from UHI, Deputy Head of Curriculum – STEM, was involved in person and in planning. This was mainly done virtually via the digital tool Slack which we have used to communicate between partners and the researchers.

The peer researchers conducted semi-structured interviews/ group discussions:

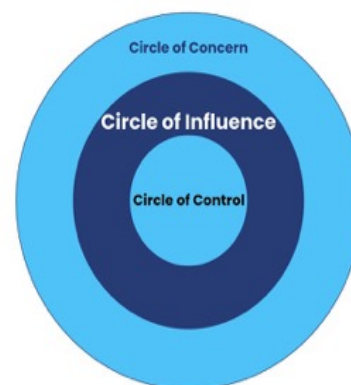
- 1) Interview with baby massage group mums
- 2) 3-person informal interview in summer of 2022
- 3) Group discussion at baby event in Moray
- 4) 7-person Mum and baby group
- 5) Short interview with Mum (pilot session)
- 6) Interview with a Mum

They were recorded via Otter AI and the transcripts were exported to NVivo after checking them for accuracy. The peer researchers analysed the transcripts for thematic analysis. The stages for the analysis are in steps 1-6 (Kiger & Varpio 2020):

- Step 1: Familiarising with the Data
- Step 2: Generating Initial Codes
- Step 3: Searching for Themes
- Step 4: Reviewing Themes
- Step 5: Defining and Naming Themes
- Step 6: Producing the results

Tools

Alongside research approaches, two key tools were used to support and inspire the peer researchers to make best use of their lived experiences. The Circle of Influence aka security as examined by Camilla Rosan *et al.* (2021) was used as a simple tool to aid discussion between peers during researcher training. This helped them share and frames aspects of their experience in advance of working with other community members.



The CHIME framework for mental health recovery, devised by Leamy *et al.* (2011) was adopted for this project for evaluation. By consensus partners and Peer Researchers agreed on the following version for their learning and sharing spaces as a group agreement:

- **C** – listening and connecting with an open and curious mind
- **H** – for better experiences for women in Moray around childbirth and early childhood
- **I** – Feeling the strength of being a Peer/Peer Researcher
- **M** – Take away the story/learning, leave the personal details
- **E** – Valuing (cherishing) our own experiences.

What Works in Parent & Infant Peer Support?

The aim of the review was to identify literature and best practice on peer support for parent and infant mental health in Scotland. This would allow us to identify key components, models and evidence of impact that may inform developments within Moray.

A 'perinatal' mental health problem is one that may be experienced at any point from becoming pregnant and up to a year after you give birth. As we were interested in both parents, and infants as a result of this mental health, this project covers infants up to age three and avoids the use of perinatal as a term to avoid confusion wherever possible, however much of the previous work does focus in this area rather than including both parents. Anyone can experience a parental mental health problem and this covers all parents regardless of gender. This may be a new problem, or an episode of a problem that has previously been experienced, for example, complex anxiety and depression.

The wider literature

Peer support within parental and infant mental health is a means by which those with lived experience can help each other. There is some evidence that this can lead to positive outcomes such as “reducing social isolation and improving self-esteem and parenting self-efficacy for new mothers” (Moran 2020; Scottish Government 2020). The literature identifies a range of peer support models, including:

- Peer workers in perinatal services
- Peer volunteers and befrienders
- Peer groups and online and telephone support

These types of peer support models can be effective in supporting parents with perinatal mental health difficulties. Evidence suggests that peer support can (Scottish Government 2020):

- Build parenting confidence and improve parenting self-efficacy for mothers/carers.
- Reduce social isolation for mothers/carers and encourage them to form further social bonds.
- Build links between parent and other services, helping to develop trusting relationships.
- Reduce depressive symptoms.
- Be highly rewarding for both peer supporter and mother/carer when safe and appropriate.

Paid peer workers in perinatal services

Peer support workers in a formal and paid capacity around mental health have been increasing in Scotland over the last 10 years. Out with a specific perinatal focus, these are often associated with a one-to-one recovery approach that looks at strengths over deficits, with good practice promoted and supported by the Scottish Recovery Network (2022). Paid peer workers may work within statutory settings such as linked to wards or Community Mental Health Teams, or in the community employed by third sector organisations such as SAMH or Penumbra. Most do not work on a specific condition or diagnosis such as perinatal, often they are more focused on referrals based on level of support required. There are few examples specific for perinatal services.

Example: Nurture the Borders, based in the Scottish Borders, Perinatal Support Officers work with women **from pregnancy until the child turns one**¹. One-to-one support is offered by Perinatal Support Officers, who are employed based on both their skills in supporting parents and their experience as parents. They support women experiencing emotional or mental health challenges during the perinatal period. This support is individualised, and recovery focused, and includes providing emotional support, modelling and mentoring, signposting and information sharing. Perinatal Support Officers support mums directly and train and supervise volunteer befrienders.

Peer volunteers and befrienders

Most of the literature indicates telephone-based and/or face-to-face peer support delivered by trained volunteers. Volunteers engage in supporting activities such as offering emotional and practical support for parents and families; offering a chance to talk about difficulties to a non-judgemental fellow parent, help with practical everyday tasks and advice on day-to-day challenges like housing, benefits and how to support parents' mental health and children's development.

Examples: Home Start Scotland is not a fully specific perinatal provision but do have some non generic support in perinatal. They offer the widest geographical coverage of peer support for parents, with 31 regional Home-Start branches covering 63% of local authority areas as described in Home Start Scotland (2022).

Peer Support Groups

Many groups are organised by being connected to part of wider parent support services, and some are individual volunteer led groups. They tend to be varied, informal and led by volunteers with experience of appropriate mental health difficulties. Some groups indicate their service as for mothers only, while others are badged as accessible for mothers, fathers and extended family members.

Methods of Engagement

Various approaches and tools are used for peer engagement in perinatal mental health support. Major practices in literature are mainly based on the Solihull Approach, c.f., Bateson *et al.* (2008); Douglas and Brennan (2004); (Hayward & Cook 2016); Vella *et al.* (2015) . The Solihull Approach Model provides a framework for thinking and training for a wide range of professionals working with families with babies, children and young people. In addition, there is also online training for parents, e.g., Understanding your child (ages 0-19). The Scottish Government (2021) have also put investment in PIMH services, with all Health Boards putting forward plans for service development and will “ensure the work completed by the board helps to provide services to women, men and families who require help and support during the perinatal period”.

¹ <https://www.nurturetheborders.com/>

Scotland

According to Maternal Mental Health Scotland in 2021 there remains a lack of local, specialist support meaning Perinatal Infant Mental Health problems are not being identified early, causing unnecessary suffering for parents and their families (SPICE 2021). They highlighted that peer support had seen improvement but noted that “community support is only available in some areas”. This may make an even stronger case for peer support activities to help address gaps, particularly in areas that are currently under-served.

A consultation has been compiled by the Scottish Government: ‘Perinatal mental health - peer support: action plan – 2020 to 2023’² which has outlined the importance of such work in this field, for example, to gauge the “effectiveness of peer support in the perinatal period” and to find out what works.

In this consultation foreword they state, *“Our overall vision for women, young children and families is that perinatal and infant mental health services are responsive, timely and address the changing needs of women and families throughout pregnancy and the early years of life. Peer support enhances the quality of that provision.”* (Scottish Government 2020)

The Scottish northern services are provided mainly by Quarriers and Children 1st, amongst others.

Volunteer peer supporters in perinatal mental health deliver most of the one-to-one perinatal peer support in Scotland. The Central belt of Scotland has the most service coverage, however, some services exist elsewhere in Scotland (more services appear here ³). Examples include:

Volunteer befriending, e.g., Aberlour Perinatal Befriending Support (Forth Valley, East Lothian), Juno Perinatal Mental Health Support (Edinburgh), Nurture the Borders (Scottish Borders).

2. Children 1st Maternal and Infant Mental Health - with peer volunteers, therapeutic peer support groups and one to one support
3. Quarriers PIMH, Scotland Wide - with peer volunteers, therapeutic peer support groups and one to one support
4. Action on Postpartum Psychosis, Scotland Wide - online peer support forum; one to one email support; meeting a volunteer programme (video and in person); social groups and creative workshops.
5. Homestart Aberdeen - Home-Start branches across Scotland offer weekly peer-support groups to pregnant parents/parents with a child under the age of five, staffed by Home-Start staff and volunteers.

Peer support groups are more numerous within the central belt of Scotland:

- Blank Canvas run creative workshop groups in Lanarkshire for mothers affected by perinatal mental illness during pregnancy and postnatally. Workshops are delivered by mums with lived experience of perinatal mental health difficulties.
- Quarriers Maternal Mental Wellbeing Service runs an antenatal and two postnatal peer support groups for mothers as a wider programme of parenting support in North East Glasgow. Both groups have an onsite crèche and transport facilities.

² <https://www.gov.scot/publications/peer-support-perinatal-mental-health-action-plan-2020-2023/>

³ <https://www.inspiringscotland.org.uk/perinatal-mental-health-services>

- 3D Drumchapel run a weekly postnatal support group for new parents called Tea & Tots in Drumchapel, Glasgow. This group offers new parents and carers the opportunity to come along and meet other families, improve their confidence as a parent, and find out about opportunities, support, information and resources available for them and their baby.
- Paisley Abbey's Talk it Over Group operate peer support groups run by volunteer health professionals and children are looked after in the free crèche onsite.
- PANDAs run peer support groups across central Scotland.
- Juno run peer support groups in Edinburgh, led by volunteers with experience of perinatal mental health difficulties. Women are free to attend antenatally, postnatally and drop in and out of the group to meet their own needs.
- Several online peer support groups exist, including Aberdeenshire PND Peer Support, Lanarkshire PND Support and Awareness and PND and Me.
- LATNEM provide a safe, free peer support group for mums and birthing people in the North East of Scotland with weekly face to face groups, zoom meetings, online chat and special events

Some groups are for mothers only, for example Blank Canvas, Juno and Paisley Abbey's Talk It Over.

Moray

Peer support is growing across Scotland and in the North, notably by Children 1st and Moray Wellbeing Hub in Moray.

Children 1st⁴ have a vision to create a whole Family Wellbeing Service for Moray which was funded by the William Grant Foundation and have helped them to develop a community-based approach across the area to reach 47 families, with a particular focus on perinatal and early years support. The service aims to build networks of support through peer support groups, volunteer peer support buddies and more intensive one to one support. The service takes a whole family approach to work systemically with families and their children across Moray using a trauma informed lens to reduce stress and overcome the multiple barriers families face. The work provides the approach needed to help children and families in Moray to live in safe, happy, loving families, in strong communities; and, have an equal chance to fulfil their life potential.

Over 75% of the parents reported better emotional wellbeing since becoming involved with Children 1st. Our peer support is offered through a post-natal support group 'Mums in mind', a drop in pregnancy café 'From Bumps to bairns' as well as a series of family events and activities through the school holidays.

Moray Wellbeing Hub CIC⁵ host a local social movement which include a number of parents who have living or lived experiences of perinatal and parental mental health issues. As part of their employability approach, they support these 'Champions' to deliver peer-support through groups and courses as facilitators. These spaces virtual or in person, focus on outcomes based on the CHIME framework for recovery (Connection, Hope, Identity, Meaning, Empowerment) and in a fully strength-based peer-led approach.

⁴ <https://www.children1st.org.uk>

⁵ <https://moraywellbeinghub.org.uk>

Their courses, delivered in partnership with the likes of Parent Network Scotland, have seen participants to go on to offer further peer support outside of the course space in groups and one-to-one. Champions are also supported as active citizens to connect thematically as community activists, working together to make change, challenge stigma and increase their empowerment through peer-support. This approach has resulted in a level of interest by peers that made possible the application to Ideas Fund in 2021 for research in perinatal / parent peer-support. Their approach to peer-support and empowerment is person-centred, focused on insight and personal motivation; where a Champion wishes to use perinatal / parental mental health challenges as a part of their identity they are supported to do so and if they prefer another focus then this is used. MWH is recognised nationally as a trailblazer in community empowerment and peer support. Their work around the theme of perinatal and parental mental health being just one amongst many that can positively impact parents and infants in Moray.

Questionnaire Findings

The age of respondents is summarised in Figure 3, with the majority (34.1%) falling in the 36-40 age bracket.

Q1:

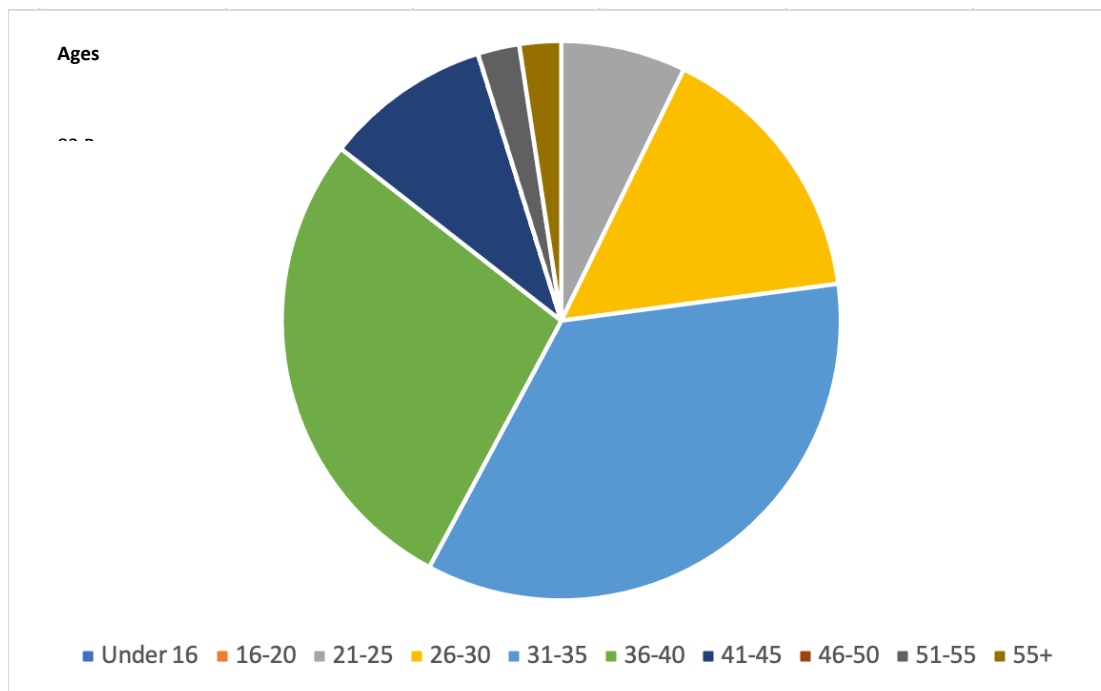


Figure 1. Ages of the respondents for our survey

Q2:

My gender
83 responses

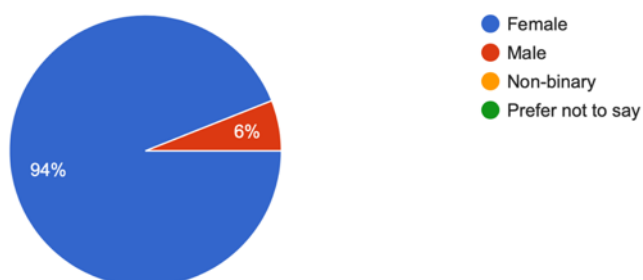


Figure 2. gender

Almost all (95.1%) of the respondents were identified as female parents.

Q3

My place of residence

83 responses

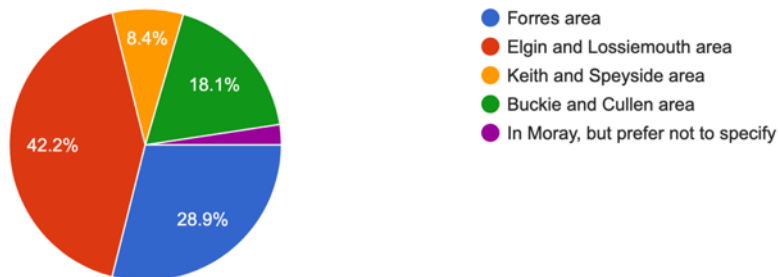


Figure 3. residence

Most of the respondents were Elgin and Lossiemouth (42.7%); Forres (29.3%); Buckie and Cullen (21.1%). In Moray but preferred not to specify was 2.4%. The Keith and Speyside area had 7.3% (6) respondents. According to the National Records of Scotland (2020) the population of Elgin was 25,040 with Lossiemouth being 6,040. Morayshire has a population of 95,710 so this represents one third of the population of the region.

Q4.

We also asked about respondents’ experience with parent and infant mental health in Moray. 72% of respondents had experienced mental health and wellbeing challenges during pregnancy and caring for an infant under 3 years of age. The majority (73.2%) had experienced mental health and wellbeing challenges at other times in their lives.

Q5:

Most of the parents who completed the survey had either one child as a first time parent, or had two children.

If you are a parent, please let us know about your family

80 responses

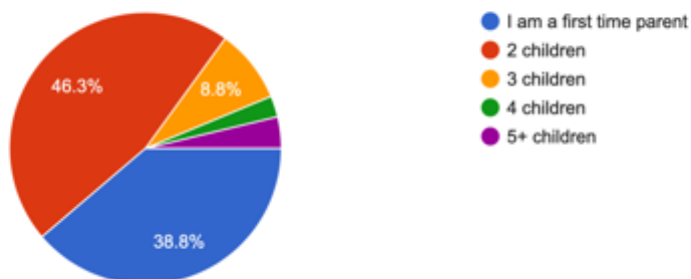
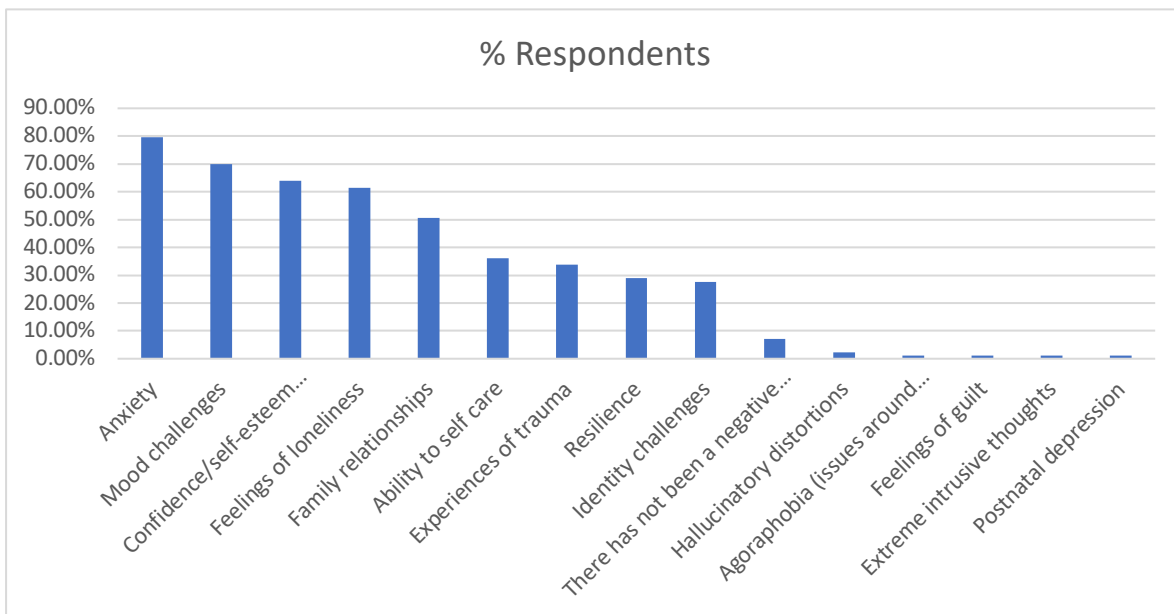


Figure 4. children in the respondents’ family

Q6:

Amongst the 83 respondents, the majority indicated that they had experienced a mental wellbeing challenge. Either during pregnancy (72%), or at other times (73%). Only eight people had not experienced a mental well-being challenge (just under 10%). We asked respondents what aspects of their mental health they felt had been impacted by pregnancy, birth and the first infant years. It can be seen that the highest proportions were for anxiety (80%), mood challenges (70%), confidence and self-esteem (64%) and loneliness (61%).



The mental health challenges most frequently reported were connection with my partner (55%), connection with my body (51%), connection with friends (49%), my sense of identify (48%), my ability to change things/take action (48%) and sense of hope for the future (44%).

Q7:

Many felt there was limited or no organised peer support for parent and infant mental health within Moray:

Is there enough provision of organised peer support around parental and infant mental health in Moray?

83 responses

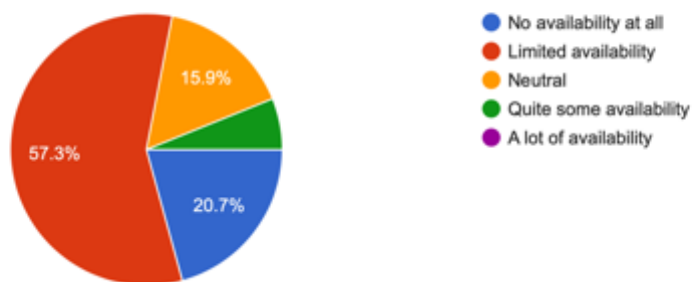
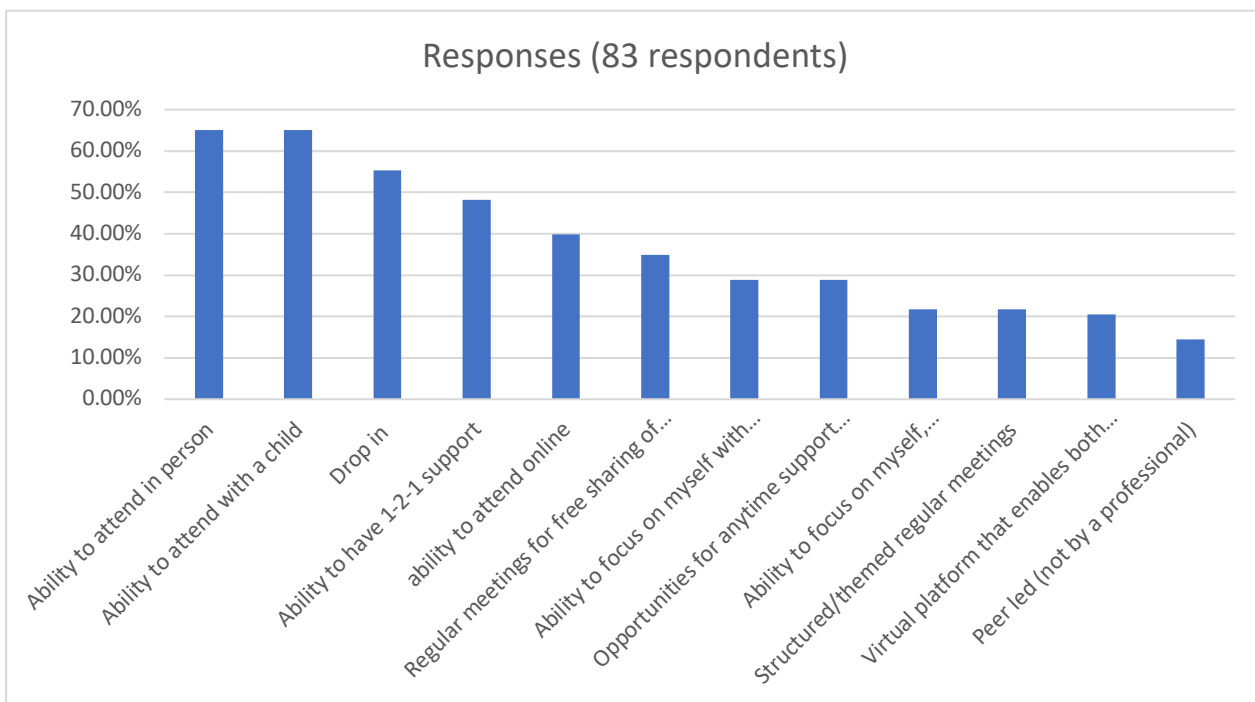


Figure 5. provision of PIMH support

Q8:

The ways of accessing peer support that were most frequently named by respondents were using an internet search engine (61%), social media/Facebook (65%), contacting Health Visitor (53%), word of mouth (52%) and contacting a GP (40%).

We asked which aspects would be most important in relation to peer support. The most numerous responses were ability to attend in person, ability to attend with a child, drop in format, option for 1-2-1 support.

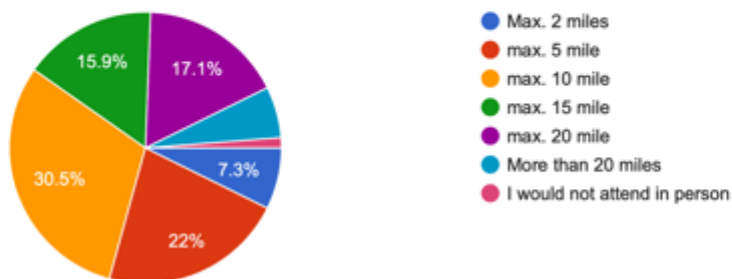


Q9:

There was a mixed response as to how far people would be willing to travel to attend:

If you would attend in person*, how far would you be willing to travel in order to attend? (*if there was to be no restrictions regarding Covid)

82 responses



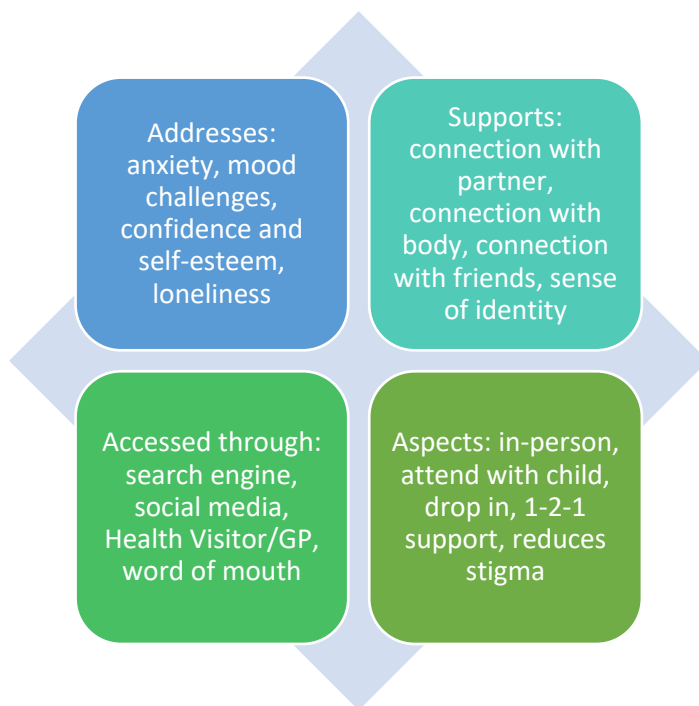
Q10:

Sometimes people who are struggling with perinatal / parental mental health challenges might be affected by how they think others perceive them or their own self-judgements. As well as asking how this stigma or self-stigma around parental and infant mental health affects them, we asked people what might be the other barriers that people in Moray experience when wanting to attend peer support and how can we lower those barriers. We also provided them space to give us any other thoughts or feedback. The main codes or categories found in the responses are below:

- **Behavioural, strategies & support** – “I felt scared to reach out for support for fear of being judged” & “I have stopped contact with people criticising me and my parenting choices” & “Everyone struggles at some point we should all talk openly and not get judged”
- **Beliefs** – “a constant worry that people will judge you for any experience you have, there's a pressure to be doing amazing and enjoying every part of motherhood.”
- **Mental Health/Anxiety** – “It hurts my self-esteem, my relationships, my feeling of loneliness” & I suffer with generalised anxiety disorder and get very nervous about meeting new people and situations am not used to. And if the[y] will judge my parenting skills.
- **Outsider Reaction** – “postnatal depression seen as 'baby blues' - not taken seriously enough” and “People telling me I am overreacting”
- **Preconceptions/Previous contemporary flawed beliefs** – “there's a pressure to be doing amazing and enjoying every part of motherhood.” “People telling me I am overreacting when trying to avoid social contact”

Suggestions for Key Characteristics of Peer Support Interventions for Moray

The graphic below helps to summarise key findings from our questionnaire survey.



Qualitative Peer Research: Themes from interviews

The qualitative research work carried out by the peer researchers give more insight and understanding on the experience of parental mental health within Moray. This information can help guide future research and development work. The themes discussed below were identified by the peer researchers in collaboration with Dr Malcolm Clark.

1. Mental Health and Lockdown

- Parents talked about the need for support and aftercare, knowledge around the pregnancy, lack of organisation around the birth, travel complications, maternity unit availability and the impacts/effects of lockdown.

2. Perinatal / parental Mental Health – Negative Impacts

- Negative birthing experiences including physical damage, sense of loss of empowerment. The birth with her first born was very traumatic, there was no support or follow-up service. Impact of COVID-19 on birthing experience, including partner not being able to visit hospital (loneliness).
- Baby cried a lot and mum felt far “too anxious to leave the house sometimes”. Fear of her baby getting upset and others laying judgment at her parenting skills.
- No support from other mums at baby groups or the group dynamic was not supportive.
- Not offered any referrals to any support groups.
- Anxiety around baby not gaining weight, feeding problems and no support received. Guilt over feeding problems.
- Anxiety around attending groups where you don’t know anyone.

3. Perinatal/ parental Mental Health – Positive Impacts

- Good birthing experience and feeling supported afterwards.
- She has made positive relations with other parents at a baby massage group, a baby café and another anonymised group.
- Does enjoy [GROUP] because it is a “great resource and it’s free”.
- Did attend separate groups (baby massage, toddler group) with fellow mum friend.
- Attends local free groups, e.g. baby massage.
- Enjoyed meeting mums and discussing motherhood stages such as weaning, sleeping and birth.

4. Perinatal / parental Peer Support Aspects

- Would like to ‘pay as you go’ classes as blocks are too expensive in one go and can’t always make all the sessions.
- Would attend some baby groups and would travel far, however, logistically it is difficult to work out [travel] when you have two [children].

5. Children 1st : impact of Peer Support Workers through peer-support and social modelling activities

- **Infant Massage** : *“I liked learning massage moves that are relaxing for my baby and moves to help colic”. “Before my baby didn’t really like lying on her back but enjoys it during massage, she relaxes much more. She also settles after a massage (most of the time)”*
- **Maternal mental wellbeing has improved**: *“In general, everyone has been a great help. Even if I can't get you, I know there's someone there if I do need a chat. I think it's great.”*
- **Mums in mind: post-natal peer support**: The mums in mind group were set up to promote peer support, interaction and bonding with baby, engage with community activities and normalise difficult feelings around becoming a mum. *“I have absolutely loved coming to the group. It really has been so helpful with being a first time mum and showing me that I really am not alone in finding that it can be very challenging at times. It has been so nice to relate to others and just be reassured that everything I feel is very common! It was a great idea to have it set out as a very small group because it was such a comfortable and safe space to talk.” “Children 1st workers have been amazing, I will really miss this group. It's been great support, I loved every minute. It's got me through a bad time in my life.”*
- **Post Peer training**: Family members are better able to communicate. Parents told Children 1st when things are tough, they can take a minute to think about how their child is feeling. Parents report being able to respond rather than react **and** families understand each other better. *“It's good me being listened to by both parents, taking steps forward with dad”. “We enjoyed everything, especially when we got to go to the park for a picnic and treasure hunt. I would of like to go to more things with my brother”*. Families feel more connected to informal support networks in their Community after Peer Support.

Implications for Peer Support Interventions for Moray

- Support may be useful during pregnancy, around birth and in infancy.
- Peer support may be useful to those who have negative birthing experiences, especially in relation to confidence and empowerment.
- Peer support may help with maternal anxiety – particularly if they provide a space to share and talk about the factors causing anxiety that are related to motherhood.
- Different types of support are needed to ensure we’re not missing those who are too anxious to take the first step in joining a group.
- Support could be offered to help people join new groups, e.g. buddying.
- Non-judgmental spaces are important.
- Positive relationships can be built through peer spaces.
- Cost of attendance needs to be considered.
- Logistics around childcare and transport need to be considered.
- There are positive experiences of baby massage groups – for baby, bonding and social contact for mums.
- Children 1st peer support groups suggest positive benefits for participants and potential for continued and expanded support in this type of format.
- Role of Children 1st peer support worker highlighted as important.
- Small groups may be preferable to some mums.

Conclusions and Recommendations

In terms of what works for parent and infant mental health for Moray, and the role peer-support and social modelling can have, we have valuable results that can be further honed through development and research. What is clear from our research is that there is a gap in peer support for Moray with 78% of our respondents noting limited or no availability to peer support. To meet this gap, we have two partners in Moray Wellbeing Hub and Children 1st with key skills that could further develop offerings and encouragement to other organisations in Moray. This would likely be of interest not only for local stakeholders but also at a national level where peer-support in perinatal and parental health is becoming more resourced and formalised. We can also see that the mechanism of peer research can not only bring valuable data to light but also provide another mechanism of peer-support for parents.

We conclude the following as key in peer support for positive parent and infant mental health in Moray. We have used the CHIME framework to aid us in framing this;

- **Connection – Promoting peer-support opportunities should make use of methods parents most value.** To promote peer-support our survey showed the most popular methods for parents were social media/Facebook, internet searching, speaking to the health visitor, baby groups, speaking to the GP.
- **Hope – Tackling stigma needs to be a key consideration for any application of peer-support especially groups.** In terms of the application of peer support toward service access or improving personal mental health, it can help address worries around anonymity and judgement including self-stigma.
- **Identity – Peer support should be person-centred and flexible in how parents choose to view their mental health challenges.** It can focus on specific areas of mental health challenge as a route to engagement. Our work revealed that peer support could most likely address / support issues around anxiety, mood challenges, confidence, self-esteem, loneliness, connection with partner, connection with friends and sense of identity.
- **Meaning - Peer-led education about child development and pregnancy needs more positive promotion to increase popular awareness that this is possible.** Peer supporters need recognition as a legitimate source of support and information for the perinatal / early parental stage of parenthood. To do this they need resources and a stronger evidence base for promotion.
- **Empowerment - For delivery it is important to choose formats that work for parents.** Most respondents wanted something they could attend in person, with a child but not necessarily including interaction with their child as part of this, had a drop-in format but also with the potential for 1-2-1 support.

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