

EXPLORING THE USE OF PERINATAL SOCIAL PRESCRIBING TO IMPROVE MATERNAL MENTAL WELLBEING

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INTRODUCTION

Social prescribing is an intervention that has been widely implemented by the NHS in primary care. Predominantly offered in GP surgeries, the service uses a social prescribing link worker (SPLW) to connect patients to support services in the community. This could be anything from benefits advice to coffee mornings. Social prescribing has been targeted to support those experiencing mild to moderate mental health concerns, older, isolated people and people with specific health conditions. There has been no use of targeted social prescribing to support pregnant or postpartum women, despite evidence showing that these groups are at an increased risk of poor mental wellbeing, with 1 in 10 experiencing Postnatal Depression (PND). Support exists through Perinatal Mental Health teams for serious mental illnesses (SMI), but not for women experiencing poor mental wellbeing, isolation or low mood.

AIMS & STUDY DESIGN

Aims:

- To research existing schemes and understand Social Prescribing provision
- To develop a proposed delivery model for further testing and research

The study was self-led and involved literature review, interviews with experts and analysis of existing schemes.

RESULTS - MODEL PROPOSAL

This model draws on existing Social Prescribing Link Worker models and tailors it to the needs of perinatal support, using further evidence and guidance offered from literature and conversations with providers. This model would be suitable for use in primary care or in the community. Following signposting, outcome data would be collected to measure impact on wellbeing.

CONCLUSIONS

There are few initiatives that offer Social Prescribing interventions specifically targeted at pregnant or postpartum women. The best example is 'Maternal Mental Health Support Workers' offered by Ways to Wellness in NE England. This is an excellent example of the intervention and has had successful evaluation. Basing the SPLW in the community is beneficial as there is a better sense of trust from the community. The National Academy for Social Prescribing (NASP) confirmed this is an area that has not been explored and has potential for developing Social Prescribing.

CONTRIBUTION TO KNOWLEDGE

There is no existing literature specific to using Social Prescribing as an intervention to support maternal mental wellbeing. This study draws attention to the topic and argues for further research and funding for pilots to test the model.

FUTURE PLANS

- Seek additional funding via ARC KSS Independent Development Award to develop small pilot
- Continue to seek PhD scholarship opportunities to build evidence and further enhance literature review.

