



**Perinatal Mental Health
Peer Support Worker
Role Development –
Lessons Learned Report**

May 2025

Purpose of the Report

The Lessons Learned Report collates information across different specialist perinatal mental health (PMH) team settings (Community Perinatal Mental Health Teams and Mother and Baby Units), as well as feedback from colleagues in the third sector, on their experience of the recruitment and development of the Peer Support Worker (PSW) role.

The purpose of the report is to share learning from what has worked well in different areas, as well as what could have gone better. As the feedback is from multiple settings which offer different services, not all comments are likely to be directly applicable to all service settings, but it is hoped the experiences are beneficial to share. Due to the small numbers of PSWs across the country, the information has been collated centrally for anonymity.

Background

In 2023-24, Perinatal Mental Health Network Scotland (PMHNS) carried out an evaluation of the perinatal mental health PSW role in the Mother and Baby Units (MBU) to inform the ongoing development of the posts. The evaluation included gathering data from MBU peer support workers, MBU staff and patients. The feedback was collated and results shared with the MBUs. It was agreed to revisit the evaluation in 2024-25.

The 2024-25 evaluation was widened to also include the views and experiences of colleagues in the community teams and in the third sector, using a lessons learned format with shared learning across all settings. PMHNS convened a small group with colleagues from both MBUs as well as a Community Perinatal Mental Health Team (CPMHT) to agree the key points to include. An existing local evaluation from the community team was also used to inform the lessons learned. Dad's Rock shared their experience of the development and successes of their peer support model and Aberlour also contributed with their experiences.

Ownership Statement

This document has been prepared by NHS National Services Scotland (NSS) on behalf of Perinatal Mental Health Network Scotland (PMHNS). Accountable to Scottish Government, NSS works at the heart of the health service providing national strategic services to the rest of NHS Scotland and other public sector organisations to help them deliver their services more efficiently and effectively. PMHNS is a collaboration of stakeholders involved in care of perinatal and infant mental health, who are supported by an NSS Programme Team to drive improvement across the care pathway.

Lessons Learned

1. Recruitment (including job description, advertising and interviewing)

What went well?
Reviewed a range of job descriptions before finalising.
Considered the model to be used when third sector services are considered as providers.
Discussed peer support with third sector colleagues.
PSWs created a good community and kept the connection through providing the right support at the right time.
Split post into two roles (for example 30 hours funding used for two 15 hours posts) to provide peer support for one another, cover for annual leave / unplanned absence and maximise the balance attending meetings, provision of direct support.

What could be improved?
Introduce a peer clinical supervision model. From the outset, consider the most appropriate person to provide supervision and ensure consistency.
Use existing PSW experience of recruitment to continually improve.

2. Training and Induction

What went well?
Complete essential training including: <ul style="list-style-type: none"> Seven essential modules for perinatal and infant mental health from NHS Education for Scotland (NES), (1. Introduction, 2. Keeping Baby in Mind, 3. Stigma, 4. Risk in the Perinatal Period, 5. Assessment, 6. Interventions, 7. Pharmacological interventions) Follow-on training (NES). Perinatal and Infant Mental Health NHS Education for Scotland

What went well?
Complete additional training including: <ul style="list-style-type: none"> • WRAP training • Peer to Peer training • Webinars on mental health • Suicide prevention course
Set clear boundaries and agreed the role of PSW would not include high risk violence and aggression as the PSW would not be involved in restraint. Agreed PSWs would need a level of training to keep themselves safe.
Spent time with teams relating to the team/role including Specialist Perinatal Mental Health Midwife and Breastfeeding Support Teams.
Shadowing and attending joint appointments as part of induction.
Attending Peer Recovery Network events and open days.
Work prior to employment to understand the remit of the service and how the role would best work.

What could be improved?
Improve availability of training: <ul style="list-style-type: none"> • Statutory training / training recommended specific to the role was not always available for PSWs apart from standard corporate induction.

3. PSW Roles and Responsibilities

What went well?
PSWs worked well in the wider team and were happy to take on duties relevant to their role. Guidance was sought when necessary.
Attended networking events and gathered resources to share with the team. Found out about local services available and made contact with third sector organisations in person. Saved resources in a place easily accessible to the wider team.
Involved in wider tasks in the team such as: <ul style="list-style-type: none"> • develop the newsletter • create social media site for service to raise awareness • make a staff picture board to support patient anxiety • Support making handouts (grounding information, schedules and self-soothe booklets).
BookBug training to: <ul style="list-style-type: none"> • promote the importance of stories, rhymes and songs with families and baby. • show mums how to use these skills to build positive relationships and attachment.

What went well?
<ul style="list-style-type: none"> • promote the BookBug app with families.
<p>Co-facilitated a Wellbeing Group with tasks including:</p> <ul style="list-style-type: none"> • Sourcing venue and equipment • Promoting class to patients (as appropriate). Sessions were relaxed and an opportunity to bond with baby. • Incorporating a mindfulness or grounding exercise at the end of the session, along with a handout. <p>Having contact with mums before the class was beneficial and feedback said it was less intimidating to have a small class. Confidence was improved to attend future classes.</p>
<p>Training for staff in the wider team prior to PSW starting:</p> <ul style="list-style-type: none"> • Specific and clear on role • Clarity on what the role was not

What could be improved?
<p>Clarity of the role:</p> <ul style="list-style-type: none"> • Difficulty for some PSWs understanding of their role in the team. • Clarify the roles/tasks required, as well as what is not required. • Comprehensive job description and roles to ensure role fully utilised during quieter periods.
<p>Working as part of the team:</p> <ul style="list-style-type: none"> • On occasions PSWs appeared work more as autonomous therapeutic practitioners rather than part of the wider team.
<p>Consideration for past personal experiences to resurface when working in specialist perinatal mental health environments.</p> <ul style="list-style-type: none"> • Clear processes in place to support all staff. • Consider trauma, triggers and exposure to trauma. • Agreement on levels of illness to be supported. • Disclose if there is a relevant history of being a patient in the service the role is based in.
<p>Consideration for the role as it develops, for example, joint working across settings.</p>

4. Patient and Service User experience

What went well?
<p>Many patients have found having someone with lived experience encouraged hope of a recovery and they can also form a strong connection.</p>
<p>Good understanding of boundaries and when patient needed support and when not appropriate.</p>

What went well?
Work independently and identify needs, including the following activities: <ul style="list-style-type: none">• Attend groups• Sensory play• Service development work• Help filling in paperwork (for example MBFF application)• Liaise with third sector organisations• Foodbank vouchers• Referral for home items, furniture, clothes and baby equipment• Informal chat, walks• Home Bookbug and bonding activities
Helped patients focus on goals and offer a more therapeutic relationship. The role also allowed for more time with patients to support with tasks that clinical staff could not do.
Referrals matched to volunteers based on personal experience.
Withdrawing input when it is no longer required and ensuring contact details are available if future support is needed.

What could be improved?
Ensure input is patient centred, for example, reduce input if requested.

5. Funding and Resource Allocated

What went well?
In some cases, funding was allocated specifically for the peer support worker role, or to expand a peer support worker service.

What could be improved?
Baseline funding where possible to reduce anxieties and complexities around fixed term contracts.
Funding allocation for PSWs in community teams in line with recommendation in Delivering Effective Services. (PMHN-Needs-Assessment-Report.pdf)

Key Considerations

Across specialist perinatal mental health services and the third sector, the peer support worker role was found to be valuable. This was enhanced by clarity of role, appropriate training and induction, clinical supervision from the beginning and secure funding to allow recruitment to permanent posts.

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