

Paternal Perinatal Mental Health - CALL TO ACTION

Notes and action points from the meeting 12 Nov 2020



MAIN ISSUES ARISING

Key information about non-birth partner should be captured, collated and shared.

Key Points:

- How do perinatal services collect information about the non-birth partner from the first interaction with the mother, and how is this collated and shared?
- Badgernet Data collection and similar tools used by the NHS should have space for key information relating to birth-partners.
- Despite the digital framework to capture birth-partners details Fife Health Visiting Team are pro-actively collating this information using other means. FNS is planning with Fife Health Visitors to evaluate their novel approach and its impact test the local spreading of good practice.

Suggested Action:

- Paternal Perinatal Action Group to determine how to raise the profile of this issue.

Non-birth partners should be aware that perinatal services are there for both parents and should expect staff to engage with them.

Key Points:

- Non-birth partners should be directly invited to engage with perinatal services

Suggested Action:

- Paternal Perinatal Action Group determine how to promote this message to fathers and families.
 - Paternal Perinatal Action Group determine how to raise the profile of this issue with service providers and professionals
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The lived experiences of non-birth partners are important and should be understood and acted upon.

Key Points:

- The voices of non-birth partners are important and their input should be sought and considered when developing policy and services.
- Paternal Perinatal Action Group should be led by the voices of non-birth partners
- Fathers Network Scotland has agreed with National Programme Board Participation Officer Clare Thomson to engage with non-birth partners to collate lived experiences

Suggested Action:

- Paternal Perinatal Action Group to determine how to gather and collate lived experience from as wider a range of non-birth partners as possible
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Anti-natal group work should be consistently available across Scotland.

Key Points:

- Ante-natal group work is not just lacking for fathers, but for mothers too.
- There is a lack of consistency in availability across Scotland, and within local areas.
- There is a lack of adequate signposting to available group work
- Information on some anti-natal class provision is captured in the on the [Inspiring Scotland Directory](#)

Suggested Action:

- Paternal Perinatal Action Group to determine how to raise concerns about the lack of universal availability of anti-natal classes across Scotland
 - Paternal Perinatal Action Group to share knowledge of local and national services within the [Supporting Dads and Families Facebook Group](#)
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ADDITIONAL NOTES:

- It is important to learn from other areas of good practice in collaborative approaches.
 - The Glasgow Perinatal Mental Health Network is planning to use the Peri-Natal Mental Health Curricular Framework as a guide to developing a whole system approach, led by Michelle Guthrie. - FNS will update this group on progress with the Glasgow approach.
- Mental Health Educators in schools should ensure that the mental health of both parents is acknowledged.
 - PNMH network pathways should recognise the UNCRC in relation to teenage mothers and fathers: there is therefore a need for those who teach health education in schools to ensure that the lessons around parenthood acknowledge the mental health needs of both parents - school nurses have been focussed on mental health in their refreshed strategy so this should be acceptable for their role as well as for teachers. - Una MacFadyen will be discussing this with the Forth Valley PNMH Network.

We really value your input so please fill out the very short poll [HERE](#) to tell us which of the 4 main issues identified you think are the most pressing.