

REGISTERED COMPANY NUMBER: 07466643 (England and Wales)
REGISTERED CHARITY NUMBER: 1139925 (England and Wales)

ACTION ON POSTPARTUM PSYCHOSIS
(A COMPANY LIMITED BY GUARANTEE)

TRUSTEES' REPORT AND
UNAUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020

ACTION ON POSTPARTUM PSYCHOSIS

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REFERENCE AND ADMINISTRATIVE DETAILS FOR THE YEAR ENDED 31 DECEMBER 2020

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Objectives and Activities

Postpartum Psychosis

Each year, one to two in every thousand new mums will develop hallucinations, delusions, mania, depression and odd and erratic behaviour within days of childbirth, often out of the blue. When a mother experiences mania or psychosis following the birth of their baby it is known as postpartum psychosis (PP). The condition is frightening and can have a devastating impact, not only on the woman affected, but also on their partner and wider family. Ignorance about the illness is widespread and many women experience stigma, isolation, and a lifetime burden of guilt.

Suicide is a leading cause of death among new mothers, with postpartum psychosis responsible for a large percentage of these. Each year, babies lose mothers and families are bereaved, when the fact is, postpartum psychosis is a treatable illness and full recovery is possible. A shortage of Mother and Baby Units means that new mothers can be separated from their new-borns when placed in General Adult Psychiatric Wards with the burden of care falling to other members of the family or social services - the separation compounding an already devastating situation.

Charitable Objects, Vision and Long-term Objectives

Under its Articles of Association, the charitable objects for which Action on Postpartum Psychosis (APP) is established are:

- to promote and protect the physical and mental health of women who have experienced postpartum psychosis and their families through the provision of support, education and practical advice;
- to advance the education of the public in general (and particularly amongst health professionals) on the subject of postpartum psychosis and to promote research for the public benefit in all aspects of that subject and to publish the useful results; and
- to advocate for perinatal mental health services for women and their families.

Our vision is for all women and families affected by postpartum psychosis to benefit from best-practice treatment and appropriate support through to full recovery. Our long-term objectives are:

- **Improving recovery outcomes** by: supporting women and families affected by postpartum psychosis to engage with others who've 'been there'; improving access to evidence-based information; signposting to appropriate support; training and informing health professionals; facilitating research into all aspects of PP; and increasing knowledge of postpartum psychosis in the general public.
- **Reducing isolation** by building a supportive, peer-led, lived experience community of women and families affected by postpartum psychosis online and in person across the UK.
- **Combating stigma and silence** by promoting greater awareness of postpartum psychosis in the general public, the media and at conferences and events.
- **Improving services and care for women and families** by offering specialist information and training on postpartum psychosis and campaigning to increase the number of Mother and Baby Unit beds available across the UK. Facilitating research into all aspects of postpartum psychosis and promoting the useful results of research.

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- **Reducing the maternal suicide rate** by improving understanding of postpartum psychosis among the general public and health professionals; and improving access to specialist care, peer support and information.

APP works nationally in England, Wales, Scotland and Northern Ireland, although we also look for opportunities to influence care and understanding of PP globally.

Objectives and Activities in 2020

APP is an innovative collaboration between women and families who have experienced postpartum psychosis, leading academic researchers and expert health professionals. Our main objectives and activities in 2020 are described below. Our charitable activities consisted of: providing specialist support and information to affected women and families; raising awareness of postpartum psychosis amongst the public and health professionals; campaigning for improved services; and conducting research to better understand the illness. These activities are undertaken to further our charitable purposes for the public benefit. We measure the success of our work through: surveying service users, volunteers and training participants (using an online survey and feedback forms); monitoring service user data; and asking individuals to write about their experience.

Supporting affected women and families

APP's Peer Support Service aims to create an active and engaged postpartum psychosis community, improve recovery outcomes for women and families, reduce social isolation, reduce the maternal suicide rate and decrease the long-term impact of the illness on family life.

Our Peer Support Service offers one-to-one email, face-to-face, telephone and video call support and a community forum where those affected can go to ask questions, gain support and signposting. We employ Peer Support Coordinators with personal experience of postpartum psychosis to manage the service and carefully moderate to ensure that the service and forum is safe; the Coordinators are supported in turn by specialist health professionals and academic experts. The Coordinators recruit, train and support Peer Support Volunteers with experience of postpartum psychosis to provide empathy, practical information and hope for recovery. In 2020, we aimed to:

- develop our training for peer support volunteers, running four one-day training workshops, training more volunteers from Black and Asian backgrounds, running a separate online training session for partner peer supporters, developing ongoing online training for existing volunteers, adapting our Peer Support Volunteer training for NHS PP lived experience staff, and considering the training needs for a bereavement support group.
- maintain and grow our national and regional peer support service, training six more volunteers in video call support and extending the pilot to support 12 women and family members.
- maintain and develop our peer support work including: continuing NHS partnership work in Lancashire and Birmingham, gaining one further NHS partnership contract for an embedded peer support worker; operate existing café and Facebook groups and seeking funding to expand the number of café groups and moderated Facebook peer groups (e.g., supporting partners); considering research outcomes to develop our peer support to better meet the needs of Black and Asian women and families.

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- run a campaign explaining the importance of specialist PP peer support for women and families affected by PP, utilising media and social media, writing and publishing content, and seeking partnerships with other organisations to call for at least one specialist PP peer support worker in each NHS STP footprint (Sustainability and Transformation Partnership) in England and the equivalent in Wales, Scotland and Northern Ireland.
- set up a bereavement working group and set up support in the manner determined by the group.

We measure the success of our peer support work through the number of women and family members reached, through surveying service users and volunteers about the benefits and downsides of receiving or delivering support in this way, and by asking individuals to write about their experiences. Survey questions include whether service users feel more supported, less isolated, more informed, less negative about postpartum psychosis, more hopeful, and whether the peer support has aided users' recovery. We also survey peer support volunteers about the experience of training and volunteering.

Raising awareness amongst health professionals

In 2020, we aimed to deliver six sessions of our well received workforce training course and at least 36 lived experience talks across the UK, reaching more than 3,000 health professionals. Our workforce training courses are delivered by our world leading experts in Perinatal Psychiatry, APP staff members, and an APP Expert by Experience. By utilising clinical experience, cutting-edge research, and the real experiences of affected women and families, the courses aim to up-skill the workforce, developing expertise and empathetic understanding. APP's Experts by Experience – trained volunteers and staff members with experience of postpartum psychosis - raise awareness in their local regions, by giving talks to health professionals at conferences and events, disseminating information, and sharing their personal experiences: describing their symptoms, experience of treatment and recovery, what worked well for them and what did not, the impact on their relationship with their baby, family and friends. We would continue to train, support and build our team of lived experience speakers and Regional Representatives who raise awareness and network with teams in their local areas. We planned to continue our partnership with the Institute of Health Visiting and seek further involvement in health professional training, including GPs. We planned to develop our specialist training including: reviewing and updating resources, collaborating with the Royal College of Psychiatrists on e-learning, and considering how our training could be adapted for midwives, following our survey of midwives in 2019.

We assess the success of this awareness raising work through the number and range of professionals reached, session feedback and through questionnaire feedback on the one-day training. We ask whether the training: will change their practice; has increased their knowledge of postpartum psychosis and the risks; has increased their confidence and empathy in working with affected women and families; and whether it has made them feel better equipped to help women recover.

Raising awareness amongst the general public

In 2020, we aimed to continue to raise awareness in the general public to reduce stigma and misinformation and help newly affected women and families access our lifesaving information and support. We planned to particularly target areas where we have projects, campaigns or need more volunteers, for example Wales, Northern Ireland and Scotland. In

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addition, we planned to: develop a programme of ministerial engagement, following the December 2019 election; develop APP's marketing strategy; plan media and social media campaigns to raise APP's profile; support the launch of Laura Dockrill's book about her experience of postpartum psychosis; support continued outreach around Irene's Ghost; and support publicity for an upcoming film⁴ piece on PP.

We measure the success of this awareness raising work through the range and reach of media pieces about PP that we are involved in, and the number of followers and level of engagement on our social media channels and website.

Campaigning for improved services

In 2020, we aimed to use our specialist expertise and lived experience voice to create change in systems that are important to women and families affected by postpartum psychosis. We planned to continue campaigning for all women affected by postpartum psychosis in the UK to have access to a Mother and Baby Unit (MBU), a specialist perinatal mental health team, well-trained health professionals, information and access to peer support. We would build our volunteer numbers in regions and nations of the UK that do not have an MBU (Wales, Northern Ireland and the North of Scotland) and support them to network and identify opportunities for influencers to hear lived experience voices. We planned to run social media and media campaigns highlighting the need for an MBU in these parts of the UK. We aimed to continue campaigning for mandatory PP training for frontline health professionals, including responding to consultations on professional standards and working closely with partner organisations. We would continue to support and build our team of lived experience speakers and Regional Representatives who raise awareness and network with teams in their local areas. In particular we aimed to recruit Regional Reps in new areas of the UK to ensure a lived experience link with each MBU, in each Perinatal Mental Health Network, and ensure APP lived experience input on key committees.

Research

In 2020, we aimed to continue to facilitate research studies of importance to women and families affected by postpartum psychosis, such as the causes of PP; parenting and long-term outcomes for children; management and prevention in high-risk women; reducing trauma; improving care; improving recovery outcomes for women and families; information and support needs in BAME populations; and information and support needs in countries outside UK. We planned to: continue working closely with Cardiff University to facilitate projects that will improve the lives of women and families affected by postpartum psychosis, ensuring research is written up and accessible to patients; work with our NIHR collaboration and others to increase knowledge on PP in women from BAME populations; update our research on Mother and Baby Units and publish a leaflet and web content for women and families; develop a funding proposal to study the benefits of embedded peer support; continue supporting a PhD study of information needs during pregnancy for women at risk of PP and support the development of a pregnancy workbook that women can use with their health professionals; develop a funding application for global work into PP, developing collaborations to begin studies examining information and support needs in women who suffer from PP around the world. We would continue to advertise opportunities to take part in research into postpartum psychosis and work with researchers to facilitate lived experience input.

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Fundraising and strengthening our capacity

In 2020, we aimed to strengthen our capacity to fulfil our charitable objectives through: seeking funding opportunities to set up further regional groups, employ paid regional and thematic Coordinators; ensuring funding proposals include adequate management resources to give good support to peer support staff and volunteers; increasing staff capacity, particularly in the areas of programme management, marketing and social media; completing the review of policies with our pro bono legal support; recruiting a fundraiser; and reviewing our systems for managing impact reporting, volunteer management and fundraising data. We would ensure our staff have access to a high standard of professional training and development – including the opportunities provided through our Lived Experience Leaders project - so that they continue to grow their strengths and help to secure the future of APP.

Achievements and performance

COVID-19

As detailed in risk management below, the Trustees reviewed the impact of the Coronavirus pandemic and made the following adaptations to APP's plans for 2020:

1. Agreeing new flexible working patterns, and a plan to prioritise and reassign work, directing all available staff and financial resources to peer support, signposting and disseminating information about PP and the support available. Trustees anticipated increased demand and the need to support four distinct groups of women and family members:
 - *APP staff and volunteers:* Almost all staff and volunteers are parents of young children who needed to home-school for periods of the year, and many of whom have a history of, or manage, ongoing severe mental illness diagnoses. Staff and volunteers would need support to manage competing priorities as well as additional anxieties and stressors. Many volunteers offered more support to APP during this time, as they could imagine how difficult it would have been to develop PP during the pandemic.
 - *Pregnant women at risk of PP:* women who are pregnant and have had previous PP, psychosis or bipolar, who are experiencing fears about birth, support and the care that will be available. Access to routine birth planning appointments and medication advice is essential to manage anxieties and risks.
 - *Women who developed postpartum psychosis and their families:* Those who develop PP and are in crisis during the pandemic would be in a very difficult position: many health professional home visits might not happen, and all normal routes to care (the GP, mental health crisis team, ambulance, A&E) would be disrupted. Partners would need to be able to identify the symptoms of PP for themselves and know how to access care. Partners would need a great deal of support to manage with reduced health service input.
 - *Women and families trying to recover:* After discharge women and families would struggle to recover without the usual NHS home visits, friend and family support.
2. Rapidly expanding our pilot video call peer support, including moving all regional café groups online. Launching an online support group for partners of women with PP. Holding regular online meetings for groups of volunteers (peer support volunteers, Regional Reps), staff and contractors ensuring that not only are they supported through

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the pandemic, but also that they are aware of how they can help spread and amplify APP's messages, and contribute to peer support, signposting and information dissemination.

3. Increasing planned investment in management, social media and marketing capacity. In particular: running social media campaigns to make people aware of the signs and symptoms of PP; networking with influencers to ensure the needs of women and families with PP are being considered; developing new kinds of social media content, working with women with lived experience and clinical experts to develop more video content.
4. Joining with other organisations and campaigns to provide evidence on the impact of the pandemic on women and families experiencing or at risk of PP and share agreed campaigning.
5. Reviewing the budget and medium-term financial projections, prioritising grant fundraising activities - including opportunities to secure funding for COVID-19 related support - and promoting new avenues for voluntary fundraising. Working with funders to review and adjust targets.
6. Regularly reviewing the impact of the pandemic on APP and on the women and families we support, prioritising staff and volunteer wellbeing, adjusting plans and activities as required and continuing with lower priority activities in the original business plan as staff capacity allows.

Peer Support to affected women and families

In 2020, APP continued its national peer support service, making adaptations to plans and prioritising activities because of the pandemic. We were successful in securing: Comic Relief follow-on funding and voluntary fundraising to continue our national service; and coronavirus response funding from Comic Relief and the Fore, which enabled us to expand our work with partners and women from Black and Asian communities. In 2020, we had four National Coordinators with lived experience of postpartum psychosis: leading our Peer Support Service; Health Professional Training, NHS Partnerships & Regional Projects, and Marketing & Digital Communications. Our National Coordinators worked together with a Peer Support Facilitator, a contracted Assistant Coordinator and our peer support volunteers to provide peer support. We recruited a new Partners Peer Support Facilitator who, together with four partner volunteers, has begun to offer one-to-one email, telephone, forum, and video call support to other partners. A new Black and Minority Ethnic Communities Peer Support Facilitator has begun working with volunteers from diverse backgrounds to understand the needs of different communities, deliver peer support, network with other organisations, and develop media and social media content. Planned work to develop our understanding of the support needs of families and friends who lose someone to PP, and then develop web information and development to help them was put on hold due to the pandemic.

Despite the pandemic, we were able to increase the numbers of women and family members we support, as well as offering support in a greater variety of ways. We had the flexibility to adapt our services to respond to the needs of our population, with increased social media content, regular volunteer calls, online café groups, book clubs, art and craft activities, and health and wellbeing activities. Overall, APP supported more than 600 people, including women, grandparents, wider families and friends in 2020. An average of 270 people (2019: 293) used our peer support forum every month with the number of registered users

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increasing from 2,460 to 2,806. Coordinators and volunteers provided ongoing telephone support to 30 people, video call support to 27 women, one-to-one messaging support to 52 people (2019: 40), support via email to 128 people, plus one-to-one support for nine partners. Café groups continued online, with regular virtual meetups in Sussex, London, Lancashire, South Wales, North Wales, Birmingham and Yorkshire. More than 70 women and partners attended these support meetings during the course of the year. We set up a partners Facebook group and developed social media content for partners. The following feedback from a woman who has received one-to-one peer support and attended café groups demonstrates the impact of our peer support:

"Getting in touch with APP is one of the most positive things I have done for my recovery. Since being discharged from the MBU I've felt very isolated and at times like a total freak, as I don't know anyone else who had PP and struggled so much after having a baby. My peer supporter has been a great source of support, providing a listening ear and reassurance from someone who has been where I am, reminding me that I will get through and won't feel this way forever. I don't feel so alone with it anymore, and it's a big help knowing that support is always there, either by message or video call."

Our beneficiaries have been especially impacted by the pandemic and APP support has been particularly valued during this time. Our annual survey of peer support service users found that three-quarters of respondents thought that Covid had had a negative impact on their mental wellbeing. These quotes show the kinds of issues experienced:

- *"I had PP during the lockdown and it is extremely isolating to go through this in Covid times."*
- *"Everything I put in place to keep me ok stopped overnight, psychiatric care became a phone call every now and then, I was home alone with two young kids who hate sleep 24/7 with no in person support and I deteriorated rapidly and attempted suicide."*
- *"It has made me feel very isolated once again. Lockdown One happened just after I returned home from a stay in a MBU so the whole of 2020 has been a challenge for me, but the highlight has been meeting others who have experienced PP."*
- *"The lockdowns and social restrictions did cause a deterioration in my wife's mental health and lead to a PP relapse."*
- *"My 19-year-old daughter is in a psychiatric unit three hours' drive away and visits have been either not allowed or extremely limited. I am not allowed to hug or touch her. My mum has Covid and is in a care home very far away. Seeing people is so difficult in this pandemic and I worry about losing my loved ones as they are so vulnerable. I have difficulty sleeping, I am stressed all the time and life feels very difficult."*

APPs virtual support and video call peer support were described as particularly important during the pandemic in managing mental wellbeing:

- *"I am able to access support during lock down which is great. I feel comfortable in my own home and I'm in my comfort zone."*
- *"During Covid-19 lock down this has been amazing, to still be able to stay in touch."*
- *"Someone there to listen to my stresses and strains. It has, put basically, been an outlet for my concerns and helped me come to terms with my mental health."*
- *"Something nice to look forward to, some connection in these times while we have less chances for connection."*

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In March 2020, we put the recruitment and training of new volunteers on hold, both because of the capacity and work prioritisation issues described above, but also because we felt it was important for peer support training for new volunteers to take place face-to-face. We focused on engaging well with our current volunteers, supporting their mental wellbeing, and using their available capacity to meet the increased UK need for peer support and signposting. We also began training more of our current volunteers in video call support, aiming to increase from 11 to 21. We anticipated high demand for video call support during the lockdown. As schools returned in September, staff had capacity again to train new volunteers. We adapted our peer support training to deliver online and trained 12 peer support volunteers over two online training sessions in November and December. In order to increase the amount of support we can provide to partners, we ran an online training for five new partner peer supporters (our new Partners Peer Support Facilitator and four volunteers). All 12 new women volunteers and five partners also received training in video call support. These new volunteers bring our total number of currently active peer support volunteers to 64 and our 'all time' trained peer support volunteers to 86.

In 2020, we received good feedback from volunteers about the online training we provided – 100 per cent rated the training as excellent. Many also found it supported their own wellbeing and recovery: 100 per cent felt more supported, 83 per cent had more understanding about PP and 83 per cent felt more able to talk about their feelings with friends and family. We received positive feedback in training evaluation forms: *"I now feel fully equipped to set the right tone when providing peer support to other women. I feel armed with confidence"* and *"I feel more confident that I do have the skills and qualities needed to be a good peer supporter and believe the training gave me this confidence"*.

At the start of 2020, we had two Peer Support Facilitators embedded in NHS perinatal mental health services: in the new Mother and Baby Unit in Chorley / Lancashire and South Cumbria community; and in the East Birmingham Community Perinatal Mental Health Team. In 2020 our existing Facilitator began working in South Birmingham and we were able to expand this arrangement and recruit a further Peer Support Facilitator to provide support in the West Birmingham and Sandwell community, and the Birmingham Mother and Baby Unit. In addition, we have sessional peer support workers in both the Birmingham and Lancashire & South Cumbria regions able to provide holiday cover and additional support to women and families. Our NHS embedded peer supporters helped 120 women (2019: 100) and 13 of their family members (2019: 20) in 2020, in the Chorley and Birmingham MBUs and in the community in Birmingham, Solihull, Lancashire and Cumbria. There were fewer MBU admissions during the pandemic and less opportunity to meet partners and family members due to visiting restrictions. We held 25 café groups across both regions to enable recovering women to meet. Our Mind-funded South Wales project came to an end in June 2020, but we used our general funds to continue to support the monthly online café group in South Wales and establish a new group in North Wales.

Case study

APP supports women throughout their lifetime, as they: seek help, recover, rebuild relationships, come to terms with the illness, have concerns about parenting toddlers and teenagers, wish to campaign for change and improve the future for others, plan further pregnancies, navigate menopause, and become grandparents. Many women who initially receive peer support, become volunteers themselves. This case study demonstrates the impact of APP's peer support on one family and their journey to recovery.

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"I had postpartum psychosis in 2016 after the birth of my first baby. Having PP came as a complete shock, completely out of the blue. I had no previous history of mental health problems. I was admitted to a Mother and Baby Unit following an A&E admission only three days after my son was born. The Mother and Baby Unit treated me for the acute symptoms of PP, and after three weeks I was discharged into the care of a community mental health team to continue my recovery at home. At that time, specialist perinatal mental health teams didn't exist. I felt a little lost under the care of a general mental health team as a new mum having gone through such trauma – I was extremely low – at times suicidal and completely desperate. I felt abnormal, unable to be a mother, alone, afraid, anxious and extremely depressed once the psychotic symptoms had abated. My recovery at home once I was discharged from hospital was just the beginning of trying to rebuild my life.

I first heard about Action on Postpartum Psychosis from my Mum who had been receiving peer support from them herself whilst I was unwell in hospital. When I was discharged home, I felt so desperately depressed and alone, my Mum suggested that APP peer support might just help. I posted my first message on the forum from underneath my duvet in the middle of the day. My Mum had taken my little boy out for a walk in his pram, she was helping me, keeping us safe, but I felt so desperate and sad that she could do all the things with him that I so longed for. I asked the forum community if I would ever get better. Thankfully, some amazing women started to write back, many of them, all women with messages of such hope, strength and solidarity. I started, gradually with their help, to realise that I could beat this illness. That I could get better, that it would take time, but it was possible. These women understood – their words meant everything to me.

Alongside posting and reading on the forum, I spoke on the phone with Ellie, the National Peer Support Coordinator. I just cried and cried. She 'got me', everything she said gave me such reassurance – she totally understood. She helped me to attend a local café group to meet with other mums who had also experienced PP. I was able to go along and take my little boy. Meeting other mums who had been ill too, face to face, was so very important to my recovery. I describe my recovery as a bit like building blocks. With each interaction with the staff and volunteers of APP my recovery was built that bit stronger, solidified. My confidence in myself started to re-emerge.

In 2019 I attended the APP peer support training to become a peer supporter myself. It has been so special to be able to share my own recovery to help other women in theirs. I have also become a Regional Rep in the southeast and have been able to give presentations to health professionals about the work of APP and my own experience of recovery.

Most recently, in 2019/2020 APP helped me and my husband in planning our second pregnancy. I was able to read the guides which were written in part by women who have experienced PP, which helped enormously. I was able to read on the forum about other women's experiences and meet face to face with mums through my local café group. I met both those who had chosen not to have further children and those that had. I was able to ask those tricky questions about growing our family, that only someone who had "been there" would truly understand. APP has seen us through our second pregnancy and welcoming our second child into the world during the coronavirus pandemic.

Without the work of APP, I know that I would not have recovered as strongly as I have. I cannot imagine the charity not being in mine and my family's life. Following such a horror as postpartum psychosis, we feel extremely fortunate to have found the charity. In my own experience, they are a lifesaving charity."

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Raising awareness amongst health professionals

In March 2020, all training and talks to health professionals were postponed as NHS staff and services struggled with the pandemic. We redirected resources towards support and disseminating information. We resumed talks and training in the autumn, delivered online. During 2020, 1,823 health professionals heard an APP lived experience speaker, excluding one-day training courses. We participated in 23 face-to-face events between January and March, reaching 1,090 professionals and 31 live online talks between July and December, reaching a further 733 professionals. The health professionals attending our training included midwives, student midwives, health visitors, psychiatrists, GPs, obstetricians, community mental health teams, crisis liaison teams, psychologists, nursery nurses, social workers and occupational therapists. APP's National Training Coordinator supported our lived experience volunteer speakers to adapt to delivering their stories at online events including practice sessions, backup plans in case the technology failed and hints and tips about how to manage question and answer sessions online.

We continued our partnership with the Institute of Health Visiting and participated in 11 of their face-to-face training courses and 12 of their online courses. We worked closely with the iHV's training coordinator to shape the content, volunteer experience and feedback and evaluation process. We received excellent feedback from our speakers' sessions, including:

- *"I think I learned more from [APP speaker] than anything. She is phenomenal and it was so helpful to hear it from her perspective – so powerful."*
- *"It was inspirational to hear her speak – really showed the impact on her and her family."*
- *"I hope you know how brave you are and how lucky your family are to have you! Your sharing of your story will ensure I champion PIMH (Parent and Infant Mental Health) as best as I can."*
- *"Parent stories are always powerful as they make it real. It is possible to feel the impact of poor mental health."*

In 2020, we developed our relationship with the Royal College of Psychiatry (RCPsych) and co-delivered online consultant psychiatry Master Class training days (September – October 2020). These were lived experience talks and related to: the impact of postpartum psychosis on partners; and co-production with lived experience women and families, clinicians, and academics. We co-delivered workforce training to 115 trainee GPs in February 2020 and will seek further opportunities to work with NHS Trusts to input into GP study days across the UK.

In 2020, we delivered three sessions of APP's one-day training course – Managing Postpartum Psychosis and Severe Mental Illness in the Perinatal Period – in Wales, training 46 health professionals. The first two sessions were delivered face-to-face and the third was delivered online. In our evaluation, 100 per cent of participants rated the training excellent. All participants said that the training would change their practice, with 85 per cent saying it would change their practice *"a lot"*. All respondents said the training had increased their confidence to work with women and families and that they felt better equipped to help families recover from postpartum psychosis. Feedback included:

- *"The individual storytelling had a massive impact and was so honest. All speakers were fantastic, it felt very enthusiastic, amazing training, thank you. I will share the experience with work colleagues"*
- *"Powerful, thought provoking and gave an insight I've never had before..."*

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- *“Excellent training day, really informative, good content, speakers spoke well, the personal experience was so brave, thank you”.*

In addition to talks and training delivered by APP staff and volunteers, we worked with other organisations on their training courses and content. We have co-developed an online eLearning module for the RCPsych: A one-hour continual professional development (CPD) module in ‘Postpartum psychosis and bipolar disorder’ with the National Centre for Mental Health (NCMH) (submitted, not yet live). We also worked closely with the Wales perinatal network to develop content related to postpartum psychosis for an eLearning module for GPs across Wales. The module in Perinatal Mental Health will be rolled out by Health Education and Improvement Wales in 2021.

We contributed to RCPsych’s scoping exercise for ‘creating a credential in perinatal mental health’ for multidisciplinary health professionals, outlining why and how lived experience should be included.

Raising awareness amongst the general public

The impact of the coronavirus pandemic meant that some planned work – such as ministerial engagement and Laura Dockrill’s book launch event – did not go ahead. However, we secured additional coronavirus response grant funds from Comic Relief, The Fore and the National Lottery Community Fund which enabled us to employ a fourth National Coordinator with lived experience of postpartum psychosis to lead on APP’s marketing and digital communications work. This enabled us to plan new ways of reaching and supporting women and families affected by PP during the coronavirus pandemic, including reaching groups likely to be disproportionately impacted, including women pregnant or recovering from PP, women’s partners, those managing ongoing mental health diagnoses, and women from Black and Asian communities. We secured pro bono support from high-profile PR agency ‘Mother London’ to develop a new graphic on the signs and symptoms of PP.

In 2020, we recruited two new media volunteers, bringing our total number to 32. We trained two staff members and one new volunteer from Black and Asian communities as media volunteers. We supported more than one hundred PP media and social media stories in 2020.¹ Highlights included working on Bijan Sheibani’s Film 4 short Morning Song, the launch of two stigma-busting lived experience books: Laura Dockrill’s ‘What Have I Done?’ and Catherine Cho’s ‘Inferno: A Memoir’, and a collaboration with a TV Soap, Hollyoaks, on the soap’s biggest Christmas storyline – where character Liberty Savage (played by actress Jessamy Stoddart) became ill with postpartum psychosis following the birth of her child. Bijan, Laura, Catherine, Jessamy and the Hollyoaks team worked hard to support us in raising awareness of PP and of APP.

¹ www.app-network.org/news-events/in-the-press/

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With resources from Covid emergency funds, we greatly extended our social media content and reach, more than doubling followers across all platforms whilst website hits increased each quarter in 2020. We had more than 4,500 views of our Insider Guides web page and our Facebook reach increased by nearly 60 per cent. We shared information about PP signs and symptoms and how to get help during the pandemic. We made short films with leading clinicians and women with lived experience:

- *What is postpartum psychosis? Early signs and symptoms of PP*: in conversation with Sally, Jamie, and Professor Ian Jones²;
- *Supporting you and yours – getting care for PP*: In conversation with volunteers Tom and Kat, Ellie and Dr Giles Berrisford³; and
- *PP #Honestconversations* with volunteer, Laura Dockrill, Jessie and Dr Jo Black⁴.

We launched a signs and symptoms graphic⁵, developed with 'Mother London', as part of our #MumWatch campaign aimed at partners. The graphic has been seen by hundreds of thousands of people and re-tweeted by key national influencers. The campaign reached more than 278,500 people and engaged over 14,500, with a campaign spend of just £75. The campaign had wider success - health professionals and organisations have requested the graphic for their presentations and conferences and postcards and posters to display in GP surgeries and waiting rooms etc.

We also used social media to provide peer support in new ways, running live events and activities online for volunteers and beneficiaries - for example, a Christmas craft-along and a regular book club – and ensuring that there was always a trained peer supporter monitoring our social media to provide support and signposting to anyone needing help who commented or messaged us. We used social media to promote our online café groups, online volunteer meetups and community activities in order to manage the stress and isolation felt by many in our community during the pandemic. We started work on our Ambassadors Pack in order to recruit high profile supporters to extend the reach of our work in 2021.

Campaigning for improved services

In 2020, we recruited 16 new Regional Rep volunteers, including one from Wales and five from Scotland. We have one Regional Rep volunteer in Northern Ireland who has been campaigning for specialist services and working on a petition for a Mother and Baby Unit; work to recruit more Northern Irish volunteers was delayed until 2021. Overall, APP now has 100 Regional Reps in total, of whom around 70 are currently active in volunteering. Regional Reps disseminate APP information, support co-production and support talks and training. Opportunities in 2020 for Lived Experience speaking since the Covid-19 pandemic have been limited, but we have held regular volunteer Zoom calls to help volunteers remain connected, to support volunteers with their mental health, and share ways they can support APP's activities.

We continued to campaign for better services in Wales. After many years of APP campaigning, with volunteers telling their story, engaging with influencers, and working with the MBU planning group, in the final quarter of 2020, it was confirmed that an MBU for South

² <https://www.youtube.com/watch?v=SVnVV0lyARI>

³ <https://www.youtube.com/watch?v=UfUIPyVecmQ>

⁴ https://www.youtube.com/watch?v=qG_c8ERIHjs&t=3s

⁵ <https://twitter.com/ActionOnPP/status/1389483116113313794>

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Wales would open in Spring 2021. Our staff and Wales volunteer team continue to collaborate with the All-Wales Perinatal Mental Health Board and steering committee for a North Wales MBU solution. We submitted a stakeholder response to the Welsh Health Specialised Services Committee consultation on the perinatal mental health mother and baby unit specification document in August 2020. Eight APP staff and volunteers with lived experience of PP have contributed to the development of the MBU in South Wales, attending four MBU engagement meetings. Volunteers attended four MBU artwork consultation meetings with the Wales perinatal mental health network and the service lead for Swansea Bay University Health Board NHS Trust. Our staff and volunteers shared their experiences and inputted into the design, layout, artwork, staffing and pathways of care for the MBU and the perinatal service. We received the following message of thanks from an NHS staff member which demonstrates the impact of lived experience on the MBU project:

"Please could you ensure my personal thanks are passed to the group for the hugely important and much appreciated role they have played so far in the project, it's been completely invaluable having such a wealth of experience, passion and energy contributing to the process. The generosity of the group in sharing their own personal experiences and time, to benefit other women experiencing perinatal mental illness, has been inspirational and moving - but perhaps most importantly has been used to directly inform many decisions taken in the project."

In 2020, we worked closely with the national clinical lead to upskill the workforce and showcased APPs work in Wales at the RCPsych virtual network resource. We contributed to NSPCC and Maternal Mental Health Alliance reports for the Welsh Senedd (Children, Young People and Education Committee) 'Babies in lockdown debate' in December 2020.

Although capacity was reduced, we began to build networks in Scotland and Northern Ireland, connecting with organisations and joining committees. We supported our Northern Ireland Regional Rep to develop and promote a petition. We continued to collect and share social media and media stories to highlight the need for MBUs in these regions. We used the Hollyoaks storyline to talk about MBUs on BBC Radio 4's Woman's Hour; the Metro, and Digital Spy, whilst The Independent published a comment piece on the need for MBUs by APP Director Dr Jess Heron⁶. In February 2020, our National Training Coordinator Sally Wilson appeared on BBC Wales Live with Helen Rogers (Director of The Royal College of Midwives, Wales) discussing the urgent need for MBUs across Wales. We held meetings and input into national consultations to ensure that the voices of women and families with lived experience were considered during the coronavirus pandemic.

Research

APP is hosted by Birmingham University and works closely with researchers at Cardiff University. We facilitate research, and help disseminate findings, ensuring evidence-based information is accessible to women, families and health professionals. Although much research work was impacted by the pandemic, in 2020 APP supported 12 research projects, including:

- Clinical & Molecular Genetic Studies of PP with the NCMH at Cardiff University and BDRN at Worcester University.

⁶ <https://www.independent.co.uk/voices/mother-baby-mental-health-nhs-b1766754.html>

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- A National Institute for Health Research (NIHR) study examining the Accessibility & Acceptability of Specialist Perinatal Mental Health Services to women and families from Black and Minority Ethnic groups (PAAM). APP employs a Lived Experience Peer researcher to conduct qualitative interviews and APP work with the study team to support planning, design and interpretation of results.
- Supervising a Cardiff University PhD student study to develop and test a new tool for women and health professionals to use to support decision making for women with bipolar disorder or those with previous postpartum psychosis, during pregnancy and the postpartum period.
- A qualitative study of the experience of postpartum psychosis and information and support needs in women from Black and Minority Ethnic communities working with a Trainee Clinical Psychologist.
- Facilitating recruitment for a study of PP in women from the Punjabi community
- Supporting with a case review of women with PP in Malawi
- Planning a tool to support with anxiety management during pregnancy for high-risk women with the University of Hull.
- A qualitative study of Women's Perceptions about the relationship with their infant after PP with Bournemouth University

In 2020, we continued to engage with students, academics and health professionals to facilitate interest in PP research. We formed collaborations in order to help fill gaps in research knowledge, for studies that will be conducted over coming years and supported recruitment for a number of other qualitative, student, health professional and trainee projects. Areas to be studied include: factors that contribute to periods of relapse during recovery from postpartum psychosis; the role and experience of Occupational Therapy in Perinatal Mental Health Services; impact of menopause on women who have experienced PP; a PP new drug discovery study, and outcomes for children following postpartum psychosis.

The APP team presented a Symposium at the International Marce Society for Perinatal Mental Health online Conference in October 2020: Working to improve outcomes for women and families affected by postpartum psychosis. We shared strategies, learning and evaluation in: developing a PP peer support community; training health professionals; working with regional volunteers to create local change; and learning from APP's UK work to create global change in PP stigma and care.

Fundraising and strengthening our capacity

We secured new grant funds from Comic Relief for maintaining and developing our national peer support service and new grant funds from Comic Relief, The Fore, and the National Lottery Community Fund to enable us to respond to the Coronavirus pandemic. We also expanded our contract with Birmingham and Solihull Mental Health Foundation NHS trust to provide an additional peer support worker to support women and families experiencing PP in the Mother and Baby Unit and in the community in West Birmingham and Sandwell.

Despite the pandemic, our voluntary fundraising continued to be successful, with Facebook fundraisers and an Active May fundraising campaign being significant new sources of funding. We are very grateful to all our individual fundraisers who have found many creative ways to fundraise and increase awareness, despite the limitations of social distancing

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requirements – for example Simon and Judith Hill's Pedalling for PP awareness 2,500-mile Land's End to John O'Groats (and back home again) cycle ride raised more than £6,000 and including media work to awareness of PP, the challenge they were undertaking, and the support APP provides.

In 2020, we had aimed to increase our organisational capacity in a number of areas, using funds designated by the trustees and the opportunities provided through our Lived Experience Leaders project. When we adapted our plans in light of the pandemic, some planned work was set aside. However, we were able to increase our core staffing capacity in the areas of programme management, digital marketing and social media. Having additional programme management capacity helped greatly in dealing with the challenges of growth as we doubled our staff numbers during the year, and especially as new flexible working patterns and the prioritisation of work during the period of school closures impacted on the team. Increasing our digital marketing and social media capacity had a significant impact on our social media reach – detailed above – whilst the learning from our new and expanded social media work in 2020 places APP in a much stronger position for future awareness raising and campaigning work. We were able to lay some of the groundwork for improvements to our data systems, but most of the planned work was postponed to 2021.

Financial Review

The Statement of Financial Activities on page 20 shows APP's income and expenditure for the year. During the year ended 31 December 2019, income exceeded expenditure by £57,167. These net incoming resources are the result of Comic Relief grant income being received for expenditure in 2021, delays in expenditure of our Leaders with Lived Experience Grant due to cancelled training during the pandemic and of income being designated by the Trustees for activities planned in 2021.

In our Unrestricted Funds, income exceeded expenditure by £49,326. Income from charitable activities increased significantly, reflecting new grants received for responding to the coronavirus pandemic and our ongoing peer support work, and increased contract income with the expansion of our contract to provide peer support in Birmingham and Solihull. Income from training decreased as training was put on hold for a large part of the year whilst healthcare professionals responded to the pandemic; however, towards the end of 2020 we were able to resume training online. Income from donations increased, with a decrease in corporate donations being offset by increased general fundraising.

The Balance Sheet on page 21 shows that at 31st December 2020, APP was holding £181,629; of which £36,967 was restricted funds. Of the remaining £144,662 unrestricted funds, £58,362 had been designated by the Trustees for organisational transformation work in 2021 to adapt data and core systems to respond to APP's growth. APP's reserves policy is to hold three months core operating costs in reserve to guard against fluctuations in income. At the end of the 2019 financial year, the Board deemed three months core operating costs to be £58,000. On 1st January 2020, APP was holding £34,235 in free reserves, which was below the level then recommended by our reserves policy (£58,000); however, the designated reserve was available for the Trustees to re-designate if required. In early 2020 free reserves returned to above the level required by the reserves policy therefore no Board action was required, and the planned organisational transformation work

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could go ahead. On 31st December 2020, APP was holding £85,620 in free reserves, which was within the range then recommended by our reserves policy (£80-90,000). It was expected and budgeted that the funds designated for organisational transformation would be spent during 2021; however, this is constantly under review due to the impact of the coronavirus pandemic. The Board continues to review the appropriate reserves level and take steps to bring the funds held in line with that.

COVID-19

The duration and impact of the COVID-19 pandemic remains unclear, which means it is not possible to reliably estimate the impact on APP's future financial position. However, as detailed under risk management and plans for 2021, the Trustees reviewed the impact of the latest lockdown and school closures and expect that APP can maintain its services – focussing on peer support, signposting and disseminating information – without needing to utilise free reserves; and, planned organisational transformation work, utilising the designated reserve, can go ahead as and when organisational capacity allows.

Structure, Governance and Management

Action on Postpartum Psychosis was incorporated as a Company Limited by Guarantee on 10th December 2010. It is governed by its Articles of Association, amended by special resolution in 2012 and 2018. The charity arose from a research network within the University of Birmingham Medical School and is still hosted by the University of Birmingham Medical School today. The University provides office space, expert time, infrastructure and resources to the charity. We are co-hosted by the Birmingham and Solihull Mental Health Foundation NHS Trust and the University of Cardiff National Centre for Mental Health, who provide expert time and resource support for the charity.

APP's Board of Directors/Trustees is made up of women with personal experience of postpartum psychosis; world-leading clinical and academic experts in postpartum psychosis; and individuals with specific skills relevant to the management of a charity. Dr Jessica Heron is APP's Chief Executive and manages the running of the charity. Her time for this is bought by the charity from the University of Birmingham. Operational plans and all major strategic decisions are discussed and agreed by the Board of Trustees.

Directors/Trustees are recruited through advertising and networking and appointed in a general meeting or by the other directors at a board meeting. New Directors/Trustees are inducted and trained through meetings with the Chair, Chief Executive and members of staff, as appropriate to their particular area of expertise, and provided with a pack of background information about the charity. A skills audit has been undertaken and efforts are made to recruit Trustees who meet the skills requirement. In 2016, the Board agreed to aim towards a leaner Board, with all the skills necessary to the functioning of the charity. During 2020, one Board member resigned. In early 2021, a new board member was appointed as Treasurer to fill an identified skills gap.

APP is part of the Maternal Mental Health Alliance and seeks to support and collaborate with the Alliance in campaigning for better perinatal mental health services; this does not impact on the charity's operating policies.

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Risk management

The Trustees consider the principal risks to which the charity is exposed, and the systems in place to mitigate those risks. The Chief Executive reports the most substantial inherent risks, together with any significant emerging risks, and the control measures in place to Trustees at each Board meeting.

Financial risk: The Trustees have identified that financial sustainability is the major financial risk to the charity. The political climate for small charities is tough, demand for services is high, and capacity pressures impact on income generation. Since 2017, a new fundraising strategy has been implemented to improve sustainability and diversify our funding base. Internal financial management risks are reduced by the implementation of procedures for authorisation of all transactions. Budgets are set for all major areas of expenditure, and adjustments are reviewed by the Board.

Non-financial risks: The Trustees have focussed attention on mitigating non-financial risks such as safeguarding, health and safety, lone working, operational and legal risks, with different risks assigned to members of senior staff or Board of Trustees. For each new area of operation (for example peer support contracts), the financial, legal, health and safety, operational and reputational risks are reviewed by senior staff and the Board of Trustees, to determine new policies and procedures needed, training and information needed by Managers, Coordinators and Volunteers, and additional external advice and support needed.

COVID-19: During 2020 and in early 2021, the Trustees reviewed the principal risks in relation to the unfolding Coronavirus pandemic. As a home-based organisation, APP was in a strong position to adapt to the restrictions of government measures to control the pandemic, however all staff have school age children and we anticipated a significant increase in demand from women and families affected by PP, particularly during periods of national lockdown.

Key risks facing the organisation in 2020 were financial sustainability, management capacity, and operational risks related to the pandemic. Financial sustainability was addressed by: revising the 2020 Budget and medium-term financial projections and regularly reviewing forecast income and expenditure in light of the pandemic; submitting proposals for coronavirus response funding; devising an Active May fundraising campaign taking into account the constraints of social distancing and promoting it via social media; adapting our training for online delivery and continuing to explore new or extended NHS contracts. Management capacity risks were addressed through recruiting additional project management, social media and administrative support. We continued to actively network to seek Board members to fill the identified skills gaps and a Treasurer was recruited shortly after year end. Operational risks arising from the coronavirus pandemic were addressed through: agreeing new flexible working patterns, prioritising and reassigning work; increasing the frequency of meetings with staff, contractors and volunteers to provide pastoral care and support; developing Wellbeing Plans, moving face-to-face services (e.g. café groups) online; updating risk assessments for NHS contracts, working closely to provide face-to-face peer support where it was still requested by NHS partners and ensuring safety of APP staff and the women and families they are supporting; and increasing project management, social media and administrative capacity.

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Plans for Next Year

Action on Postpartum Psychosis plans for 2021 were grouped under the following objectives:

- 1. Supporting women and families.** We plan to maintain and grow our national and regional peer support service by:
 - increasing the number of regional café groups, social groups and wellbeing activities we offer
 - increasing our support to partners, grandparents, bereaved families and those from underrepresented groups.
 - seeking a contract to deliver peer support in Wales, project funding for developing our work in Scotland.
 - building our volunteer group and networks in Northern Ireland.
- 2. Raising awareness amongst health professionals.** We plan reach more health professionals with training by:
 - delivering more training online, in addition to our face-to-face workforce training and lived experience talks.
 - developing standalone in-depth/specialist and health professional e-modules and video content.
- 3. Raising awareness amongst the general public.** We plan to raise awareness in the general public to reduce stigma and misinformation by:
 - using media case studies and social media to raise awareness of our lifesaving information and support, using storytelling to help public understand PP and the importance of our work.
 - particularly targeting UK regions where we have projects, campaigns or need more volunteers.
 - conduct a ten-year anniversary campaign highlighting APP's impact and changes in women's and families' experiences over the past 10 years analysing questionnaire data.
- 4. Campaigning.** We plan to use our specialist expertise and lived experience voice to create change in systems that are important to women and families affected by postpartum psychosis, by:
 - continuing to campaign for all women affected by postpartum psychosis in the UK to have access to a Mother and Baby Unit (MBU), a specialist perinatal mental health team, well-trained health professionals, information and access to peer support.
 - continuing our campaign to highlight the need for an MBU in Wales, Northern Ireland and Northern Scotland: sharing women's powerful stories; analysing and sharing data on MBU compared to general unit admissions over past 10 years; and, producing a leaflet about MBUs - what they are and why they are important for women and families.

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- planning a fundraising/awareness raising campaign - “FromMe2MBU” - to raise awareness of the distances many women travel to access MBU care.
 - planning a campaign for PP to be an essential part of all antenatal class training, including surveying of women and midwives, placing powerful media stories and using our charity ambassador Laura Dockrill as spokesperson.
 - continuing our calls for mandatory training for frontline health professionals working with perinatal families to gain an understanding of PP (midwives, GPs, health visitors, peer support staff), by sharing stories, running social media surveys, sharing our data and quotes, and developing strategic responses to consultations.
5. **Research.** We will continue to facilitate research studies of importance to women and families affected by postpartum psychosis, by
- supporting and facilitating studies into the causes of PP; parenting and long-term outcomes for children; management and prevention in high-risk women; reducing trauma; improving care; improving recovery outcomes for women and families; information and support needs in BAME populations; and information and support needs in countries outside the UK.
 - building our income from research and building our links to try to fill research and knowledge gaps identified by women, academics and clinicians.
6. **International.** Our work to date places us firmly as the world leading organisation for PP support and information, however care for PP in other countries of the world is far behind. We plan to seek opportunities to influence care internationally, by:
- seeking funding to document the strategies we have used to achieve change in the UK over the last decade and what we have learnt, ensuring our strategies and learning are documented in a format that will be useful for translating or forming collaborations to influence care and reduce stigma in other countries.
 - building our international networks in 2021 and plan to seek funding for pilot project in 2022.
7. **Strengthening our capacity to fulfil our charitable objectives.** We plan to transform APP data and management systems in order to manage our rapid growth by:
- continuing to upskill staff by providing access to training and personal development opportunities.
 - continuing to develop APP as a model lived experience and working parent employer.
 - planning to: appoint a Treasurer to the board; recruit an experienced fundraiser, senior manager and lived experience coordinator; and to contract writers for our planned programme of report production and website content development.
 - planning to implement a CRM⁷ system to manage contacts and to continue reviewing reporting data and developing simpler cloud-based data recording systems.

COVID-19: Since the plan for 2021 was developed, and as detailed in risk management above, the Trustees have reviewed the impact of the Coronavirus pandemic and made the following adaptations to APP’s plans for 2021:

⁷ Customer Relationship Management system – a database to manage our contacts.

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Agreeing new flexible working patterns, and agreeing adapted plans, directing all available staff and financial resources to **peer support**, **signposting** and **disseminating information** about PP and the support available. Similarly to the lockdown in 2020, Trustees anticipated the need to support four distinct groups of women and family members:

- **APP staff and volunteers:** (many of whom have a history of psychosis or bipolar) would need support to manage home-schooling, anxieties and stressors.
- **Pregnant women at risk of PP:** women who are pregnant and have had previous PP, psychosis or bipolar, who are experiencing fears about birth, support and the care that will be available. Access to routine birth planning appointments and medication advice is essential.
- **Women who develop postpartum psychosis and their families:** Those who develop PP and are in crisis during the pandemic would be in a very difficult position: many health professional home visits may not happen, and normal routes to care (the GP, mental health crisis team, ambulance, A&E) would be disrupted. Partners must be able to identify the symptoms of PP for themselves and know how to access care.
- **Women and families trying to recover** after discharge during social distancing would struggle without the usual NHS home visits, friend and family support.

Continuing to hold all regional café groups and the partners' group online and offer video call peer support widely. Holding **regular online meetings** for groups of **volunteers** (peer support volunteers, Regional Reps), **staff** and **contractors** ensuring that not only are they supported through the pandemic, but also that they are aware of how they can help spread and amplify APP's messages, and contribute to peer support, signposting and information dissemination. Continuing planned investment in **management**, **social media** and **marketing capacity**. Joining with other organisations and **campaigns** to provide evidence on the impact of the pandemic on women and families experiencing or at risk of PP and share agreed campaigning. Regularly **reviewing the impact** of the pandemic on APP and on the women and families we support, adjusting plans and activities as required and continuing with lower priority activities in the original business plan as staff capacity allows.

APP's Board

APP is governed by its Board of Directors/Trustees, which remains a mix of women with lived experience of postpartum psychosis, academic researchers, clinicians and trustees with specific skills (e.g., finance, HR and digital marketing). Directors/Trustees during 2020 were as follows:

Dr Giles Berrisford	Chair
Dr Clare Dolman	
Sarah Hayes	(resigned 26 th May 2020)
Sarah Hind	
Anna Jones	Vice Chair
Professor Ian Jones	
Andrea Lambert	
Abbie Sampson	

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Annette Bauer was appointed to the Board on 9 March 2021, after the year end, as Treasurer.

There have been no other changes to the Board of Directors/Trustees.

Public Benefit Statement

Under its Articles of Association, the objects for which Action on Postpartum Psychosis is established are: to promote and protect the physical and mental health of women who have experienced postpartum psychosis and their families through the provision of support, education and practical advice; to advance the education of the public in general (and particularly amongst health professionals) on the subject of postpartum psychosis and to promote research for the public benefit in all aspects of that subject and to publish the useful results; and to advocate for perinatal mental health services for women and their families. The Trustees confirm that they have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the organisation's aims and objectives and in planning future activities.

The identifiable benefits of APP's work are that women and family members affected by postpartum psychosis are able to access support and information to improve their recovery, and that healthcare professionals and the general public are better informed about, and have more understanding of, this illness. A number of examples of benefit appear earlier in the report. These benefits are achieved through peer support, patient information development, health professional training, public awareness raising, research and campaigning. The only restriction is that individuals receiving peer support have suffered from postpartum psychosis or are a partner or family member of someone who has had the illness. There are no fees for the peer support service; a fee may be charged for health professional training and lived experience speakers.

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FOR THE YEAR ENDED 31 DECEMBER 2020

Trustees' Responsibility Statement

The trustees (who are also the directors of Action on Postpartum Psychosis for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland". Company law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing those financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charity SORP;
- make judgements and estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charitable company and to enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Approved by order of the board of trustees on and
signed on its behalf by:

.....

G S Berrisford - Trustee

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF ACTION ON POSTPARTUM PSYCHOSIS

Independent examiner's report to the trustees of Action on Postpartum Psychosis ('the Company')

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 December 2020.

Responsibilities and basis of report

As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5) (b) of the 2011 Act.

Independent examiner's statement

Since your charity's gross income exceeded £250,000 your examiner must be a member of a listed body. I can confirm that I am qualified to undertake the examination because I am a registered member of ICAEW which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities (applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

C L Moelwyn-Williams BSc FCA
TCA (Shrewsbury) LLP
4 Claremont Bank
Shrewsbury
Shropshire
SY1 1RW

Date:

ACTION ON POSTPARTUM PSYCHOSIS

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 DECEMBER 2020

	Notes	Unrestricted funds £	Restricted funds £	2020 Total funds £	2019 Total funds £
INCOME AND ENDOWMENTS FROM					
Donations and legacies	2	128,325	-	128,325	117,790
Charitable activities					
General	5	176,430	76,007	252,437	162,068
Other trading activities	3	198	-	198	-
Investment income	4	<u>102</u>	<u>-</u>	<u>102</u>	<u>249</u>
Total		305,055	76,007	381,062	280,107
EXPENDITURE ON					
Raising funds		2,865	-	2,865	3,874
Charitable activities					
General	6	<u>252,864</u>	<u>68,166</u>	<u>321,030</u>	<u>264,733</u>
Total		<u>255,729</u>	<u>68,166</u>	<u>323,895</u>	<u>268,607</u>
NET INCOME		49,326	7,841	57,167	11,500
RECONCILIATION OF FUNDS					
Total funds brought forward		<u>95,336</u>	<u>29,126</u>	<u>124,462</u>	<u>112,962</u>
TOTAL FUNDS CARRIED FORWARD		<u>144,662</u>	<u>36,967</u>	<u>181,629</u>	<u>124,462</u>

CONTINUING OPERATIONS

All income and expenditure has arisen from continuing activities.

The notes form part of these financial statements

ACTION ON POSTPARTUM PSYCHOSIS (REGISTERED NUMBER: 07466643)

STATEMENT OF FINANCIAL POSITION (BALANCE SHEET) 31 DECEMBER 2020

	Notes	2020 £	2019 £
FIXED ASSETS			
Tangible assets	12	680	1,101
CURRENT ASSETS			
Debtors	13	16,525	48,660
Cash at bank		<u>196,652</u>	<u>137,022</u>
		213,177	185,682
CREDITORS			
Amounts falling due within one year	14	(32,228)	(62,321)
		<u>180,949</u>	<u>123,361</u>
NET CURRENT ASSETS			
		<u>180,949</u>	<u>123,361</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			
		181,629	124,462
NET ASSETS		<u>181,629</u>	<u>124,462</u>
FUNDS	16		
Unrestricted funds:			
General Fund		86,300	35,336
Designated Fund		<u>58,362</u>	<u>60,000</u>
		144,662	95,336
Restricted funds		<u>36,967</u>	<u>29,126</u>
TOTAL FUNDS		<u>181,629</u>	<u>124,462</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 December 2020.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 December 2020 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

- (a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and
- (b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

The notes form part of these financial statements

**STATEMENT OF FINANCIAL POSITION - continued
31 DECEMBER 2020**

These financial statements have been prepared in accordance with the provisions applicable to charitable companies subject to the small companies regime.

The financial statements were approved by the Board of Trustees and authorised for issue on and were signed on its behalf by:

.....
G S Berrisford - Trustee

ACTION ON POSTPARTUM PSYCHOSIS

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2020

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

The accounts have been prepared in pound sterling, which is the functional currency of the charity, rounded to the nearest pound.

The charitable company has taken advantage of the relevant disclosure exemptions in preparing the financial statements, as permitted by FRS 102.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Tangible fixed assets

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Office equipment costing £1,000 or more is capitalised at cost and depreciated over its estimated useful economic life of 3 years, on a straight line basis.

Taxation

The charity is exempt from corporation tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Debtors

Prepayments are valued at the amount prepaid.

Cash and cash equivalents

Cash and cash equivalents include cash in hand and deposits held at call with banks.

ACTION ON POSTPARTUM PSYCHOSIS

NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2020

1. ACCOUNTING POLICIES - continued

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount.

Financial instruments

The charity only has financial assets and liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

Derecognition of financial liabilities

Financial liabilities are derecognised when the company's contractual obligations expire or are discharged or cancelled.

Pensions

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

Going concern

At the time of approving the accounts, the directors have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus, they continue to adopt the going concern basis of accounting in preparing the accounts.

2. DONATIONS AND LEGACIES

	Unrestricted funds £	Restricted funds £	2020 Total funds £	2019 Total funds £
Donations	<u>128,325</u>	<u>-</u>	<u>128,325</u>	<u>117,790</u>

In the prior year, £109,768 of the income related to unrestricted funds and £8,022 to restricted funds.

3. OTHER TRADING ACTIVITIES

	Unrestricted funds £	Restricted funds £	2020 Total funds £	2019 Total funds £
Sale of literature	<u>198</u>	<u>-</u>	<u>198</u>	<u>-</u>

4. INVESTMENT INCOME

	Unrestricted funds £	Restricted funds £	2020 Total funds £	2019 Total funds £
Bank interest	<u>102</u>	<u>-</u>	<u>102</u>	<u>249</u>

In the prior year, £249 of the income related to unrestricted funds and £nil to restricted funds.

ACTION ON POSTPARTUM PSYCHOSIS

NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2020

5. INCOME FROM CHARITABLE ACTIVITIES

	2020 £	2019 £
Comic Relief - APP Peer Support Community Project	32,452	23,990
Comic Relief - Establishing a Quality Mark Framework	-	2,100
Comic Relief - Everyone's Business Campaign Phase 1	-	(3,426)
Comic Relief - Everyone's Business Campaign Phase 2	-	(36,064)
Mind Grants	2,496	22,472
tnlcf - Leaders with Lived Experience	19,757	20,371
Comic relief - Covid response	21,302	-
Other Trusts and Foundations	3,000	-
Contract Income - Lancashire and South Cumbria NHS Foundation Trust	67,530	66,632
Contract Income - Birmingham and Solihull Mental Health NHS Foundation Trust	72,105	21,305
Contract Income - Other	-	600
Workforce Training and Experts by Experience	17,406	29,088
Research contracts	11,389	-
	<u>252,437</u>	<u>162,068</u>

In the prior year, £132,625 of the income related to unrestricted funds and £29,443 to restricted funds.

6. CHARITABLE ACTIVITIES COSTS

	Direct Costs (see note 7) £	Support costs (see note 8) £	Totals £
General	<u>312,868</u>	<u>8,162</u>	<u>321,030</u>

In the prior year, £200,792 of the expenditure related to unrestricted funds and £63,941 to restricted funds.

ACTION ON POSTPARTUM PSYCHOSIS

NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2020

7. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2020	2019
	£	£
Staff and freelance costs	209,623	146,031
Consultancy	63,636	60,941
Project costs	461	1,791
Travel	7,435	12,810
Information materials and awareness raising	5,970	3,860
Volunteer training & expenses	1,823	5,423
Office and running costs	22,545	18,840
Workforce training and experts by experience costs	974	4,063
Depreciation	401	119
	<u>312,868</u>	<u>253,878</u>

8. SUPPORT COSTS - Governance

	2020	2019
	£	£
Independent examiners fee	2,220	2,020
Accountancy fees	4,153	6,728
Other fees	1,503	1,933
Board expenses	286	174
	<u>8,162</u>	<u>10,855</u>

9. NET INCOME/(EXPENDITURE)

Net income/(expenditure) is stated after charging/(crediting):

	2020	2019
	£	£
Depreciation - owned assets	401	119
Independent Examination Fee	<u>2,220</u>	<u>2,020</u>

10. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2020 nor for the year ended 31 December 2019.

Trustees' expenses

There were no trustees' expenses paid for the year ended 31 December 2020 nor for the year ended 31 December 2019.

11. STAFF COSTS

The average monthly number of employees during the year was as follows:

	2020	2019
	<u>10</u>	<u>9</u>
Core charitable activity		

No employees received emoluments in excess of £60,000. The total remuneration and benefits paid to the key management personnel, to whom the Trustees delegate the day-to-day running of the charity was £40,656 (2019: £32,445).

ACTION ON POSTPARTUM PSYCHOSIS

NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2020

12. TANGIBLE FIXED ASSETS

	Office equipment £
COST	
At 1 January 2020	1,220
Disposals	<u>(20)</u>
At 31 December 2020	<u>1,200</u>
DEPRECIATION	
At 1 January 2020	119
Charge for year	<u>401</u>
At 31 December 2020	<u>520</u>
NET BOOK VALUE	
At 31 December 2020	<u>680</u>
At 31 December 2019	<u>1,101</u>

13. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2020	2019
	£	£
Trade debtors	9,313	45,766
Prepayments and accrued income	<u>7,212</u>	<u>2,894</u>
	<u>16,525</u>	<u>48,660</u>

14. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2020	2019
	£	£
Trade creditors	11,124	5,240
Social security and other taxes	4,979	2,547
Other creditors	181	902
Accruals and deferred income	<u>15,944</u>	<u>53,632</u>
	<u>32,228</u>	<u>62,321</u>

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted funds	Restricted funds	2020 Total funds	2019 Total funds
	£	£	£	£
Fixed assets	680	-	680	1,101
Current assets	176,210	36,967	213,177	185,682
Current liabilities	<u>(32,228)</u>	<u>-</u>	<u>(32,228)</u>	<u>(62,321)</u>
	<u>144,662</u>	<u>36,967</u>	<u>181,629</u>	<u>124,462</u>

ACTION ON POSTPARTUM PSYCHOSIS

NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2020

16. MOVEMENT IN FUNDS

	At 1.1.20 £	Net movement in funds £	Transfers between funds £	At 31.12.20 £
Unrestricted funds				
General Fund	35,336	75,964	(25,000)	86,300
Designated Fund	<u>60,000</u>	<u>(26,638)</u>	<u>25,000</u>	<u>58,362</u>
	95,336	49,326	-	144,662
Restricted funds				
Comic Relief Covid Response	-	4,502	-	4,502
Comic Relief Peer Support	-	16,291	-	16,291
Mind - South Wales Project	8,401	(8,401)	-	-
tnlcf - Leaders With Lived Experience	13,165	(3,210)	-	9,955
Other Peer Support	<u>7,560</u>	<u>(1,341)</u>	<u>-</u>	<u>6,219</u>
	<u>29,126</u>	<u>7,841</u>	<u>-</u>	<u>36,967</u>
TOTAL FUNDS	<u>124,462</u>	<u>57,167</u>	<u>-</u>	<u>181,629</u>

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General Fund	305,055	(229,091)	75,964
Designated Fund	<u>-</u>	<u>(26,638)</u>	<u>(26,638)</u>
	305,055	(255,729)	49,326
Restricted funds			
Comic Relief Covid Response	21,302	(16,800)	4,502
Comic Relief Peer Support	32,452	(16,161)	16,291
Mind - South Wales Project	2,496	(10,897)	(8,401)
tnlcf - Leaders With Lived Experience	19,757	(22,967)	(3,210)
Other Peer Support	<u>-</u>	<u>(1,341)</u>	<u>(1,341)</u>
	<u>76,007</u>	<u>(68,166)</u>	<u>7,841</u>
TOTAL FUNDS	<u>381,062</u>	<u>(323,895)</u>	<u>57,167</u>

ACTION ON POSTPARTUM PSYCHOSIS

NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2020

16. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	At 1.1.19 £	Net movement in funds £	Transfers between funds £	At 31.12.19 £
Unrestricted funds				
General Fund	57,360	37,976	(60,000)	35,336
Designated Fund	-	-	60,000	60,000
	57,360	37,976	-	95,336
Restricted funds				
Mind - South Wales Project	-	8,401	-	8,401
tnlcf - Leaders With Lived Experience	-	13,165	-	13,165
Other Peer Support	-	7,560	-	7,560
Peer Support and Other Peer Support	15,712	(15,712)	-	-
Comic Relief Everyone's Business (EB) Phase 1 and Comic Relief Top- Up	3,426	(3,426)	-	-
Comic Relief Everyone's Business (EB) Campaign Phase 2	36,064	(36,064)	-	-
Establishing a Quality Mark Framework	400	(400)	-	-
	55,602	(26,476)	-	29,126
TOTAL FUNDS	<u>112,962</u>	<u>11,500</u>	<u>-</u>	<u>124,462</u>

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General Fund	242,642	(204,666)	37,976
Restricted funds			
Mind - South Wales Project	22,472	(14,071)	8,401
tnlcf - Leaders With Lived Experience	20,371	(7,206)	13,165
Other Peer Support	8,022	(462)	7,560
Peer Support and Other Peer Support	23,990	(39,702)	(15,712)
Comic Relief Everyone's Business (EB) Phase 1 and Comic Relief Top- Up	(3,426)	-	(3,426)
Comic Relief Everyone's Business (EB) Campaign Phase 2	(36,064)	-	(36,064)
Establishing a Quality Mark Framework	2,100	(2,500)	(400)
	37,465	(63,941)	(26,476)
TOTAL FUNDS	<u>280,107</u>	<u>(268,607)</u>	<u>11,500</u>

ACTION ON POSTPARTUM PSYCHOSIS

NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2020

16. MOVEMENT IN FUNDS - continued

Unrestricted funds

General Fund - The general reserve represents the funds of the charity which are not designated for a particular purpose.

Designated fund - In 2019, Trustees designated £60,000 for organisational transformation work in 2020 including: increased management time to support with project and staff management; transforming APP's data management systems, conducting a data security review, and ensuring other systems are fit for APP's growth; increasing social media time and content development; and recruiting an experienced fundraiser. Whilst significant progress was made in improving project and staff management systems, the impact of the pandemic meant other organisational transformation work was set aside.

In planning for 2021, Trustees considered the constraints under which the Charity was operating in 2020 as the organisation expanded and the pandemic impacted upon capacity and priorities. A number of organisational transformation priorities were included in the 2021 plan and budget including: data management and financial forecasting systems; conducting a data security review; a ten year impact project; website structure and content review; recruiting a fundraiser; and further developing our project management structure. The Trustees designated a further £25,000 to complete the work initially planned in 2020 and the new priorities added for 2021.

Restricted funds

Comic Relief Peer Support and Other Peer Support

Our Comic Relief funded peer support project had ended during 2019. The Comic Relief grant for the APP Peer Support Community Project enabled our Peer Support Coordinators to support and manage APP's existing Peer Support Volunteers and train new volunteers to provide peer support to women and families affected by Postpartum Psychosis across the UK. The Comic Relief grant was funded from the Tampon Tax Fund through a partnership between HM Government and Comic Relief. In 2020, Comic Relief made an additional grant to APP to extend this project in 2020 and 2021. The grant is for the continued operation of APP's peer support services and the development of APP's digital information and support to adequately meet the need of pregnant women at risk of PP, families in crisis developing PP, and families recovering from PP during the Covid-19 crisis. The Other Peer Support fund consists of donations restricted to peer support activities.

Mind South Wales ActiononPP Project

APP received a grant from Mind to train Peer Support Coordinators with lived experience of Postpartum Psychosis to build a Postpartum Psychosis community in South Wales. The project entailed running a peer support group in the Aneurin Bevan University Health Board area of South Wales, which is open to all affected women living in South Wales. The Coordinators met and supported women to access the group, networking widely to ensure barriers to access are removed. The South Wales PP peer support group and PP community is supporting access to appropriate care in the region, improve recovery outcomes, decrease isolation, and reduce life-long trauma in women who experience severe postnatal mental illness in South Wales. Our group aimed to empower women to recover and make a difference in the local area, creating a network to support change-making and helping women to bring about positive events from a traumatic experience. The project ended in June 2020; however, APP continues to operate the South Wales peer support group and has also established a North Wales group.

ACTION ON POSTPARTUM PSYCHOSIS

NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2020

16. MOVEMENT IN FUNDS - continued

tnlcf - Leaders with Lived Experience

APP was awarded a project grant from the Leaders with Lived Experience Programme of the National Lottery Community Fund (tnlcf). The project started in July 2019 and enables APP to provide additional training and support to our three national programme leaders. Project activities will enable our staff to develop as vocal lived experience leaders, and enable APP to pilot gold standard ways of supporting and sustaining lived experience leadership, informing our future work, and championing lived experience at all levels within our charity. The project was due to end in 2020, however some activities were delayed due to the coronavirus pandemic and the Fund agreed to extend the project into 2021. The National Lottery Community Fund also provided some additional COVID-19 funding under this grant in 2020 which enabled APP to employ and develop a fourth lived experience leader, to co-ordinate APP's marketing and digital communications work.

Comic Relief - Covid Response

APP received a grant from Comic Relief co-funded from the Comic Relief 'The Big Night In' Match Fund - COVID Response through a partnership between Comic Relief and the Department for Digital, Culture, Media and Sport (the DCMS). The grant helped APP adapt our services to meet the needs of women and families suffering from postpartum psychosis PP during the pandemic: increasing our use of social media; developing our support for partners of women with PP; and, working to understand and better meet the needs of diverse communities. The project ended in February 2021.

Comic Relief Everyone's Business (EB) Phase 1 and Comic Relief Top up

The Everyone's Business Phase 1 grant and Top up grant were Comic Relief grants for the Everyone's Business campaign and Maternal Mental Health Alliance (MMHA) that were due to end in September 2016. Comic Relief agreed that the underspend on these grants could be used in support of the ongoing campaign to achieve equitable access to high quality perinatal healthcare for women across the UK experiences mental illness.

Comic Relief Everyone's Business (EB) Campaign Phase 2

APP hosted the second phase of the Everyone's Business Campaign on behalf of the MMHA from October 2016 to September 2018. The Everyone's Business campaign calls for all woman throughout the UK who experience perinatal mental health problems to receive the care they and their families need. The phase 2 grant enabled an expanded campaign team to build on the previous phase, including dedicated resource in each of the devolved nations. The grant also funded organisational development work for the MMHA, which became a registered charity and took forward the work from October 2018, funded directly by Comic Relief. With Comic Relief's permission, the final balance of Everyone's Business Campaign funds, including those from the earlier phase 1 and top up grants were transferred to MMHA in 2019.

Establishing a Quality Mark Framework

As part of Comic Relief's Maternal Mental Health strategy, Comic Relief identified the need to develop quality assurance principles for third sector organisations providing peer support services in perinatal mental health. Comic Relief worked in partnership with the Maternal Mental Health Alliance (MMHA) to undertake a tender process and commission the development of a set of quality assurance principles for local providers across the UK. Action on Postpartum Psychosis is hosted the grant funding from Comic Relief for this tender on behalf of the MMHA. This work was completed in 2019 and the resulting perinatal peer support principles are published on the MMHA website.

ACTION ON POSTPARTUM PSYCHOSIS

NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2020

17. RELATED PARTY DISCLOSURES

Action on Postpartum Psychosis is hosted by the University of Birmingham. During 2020 Action of Postpartum Psychosis paid a hosting fee to the University of £38,944 (2019: £38,883). The charity receives benefits from this relationship including meeting and office space.