

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

**ACTION ON POSTPARTUM PSYCHOSIS**  
**(A COMPANY LIMITED BY GUARANTEE)**

**TRUSTEES' REPORT AND**  
**UNAUDITED FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2021**

# **ACTION ON POSTPARTUM PSYCHOSIS**

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# **ACTION ON POSTPARTUM PSYCHOSIS**

## **REFERENCE AND ADMINISTRATIVE DETAILS FOR THE YEAR ENDED 31 DECEMBER 2021**

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# ACTION ON POSTPARTUM PSYCHOSIS

## TRUSTEES' REPORT

### FOR THE YEAR ENDED 31 DECEMBER 2021

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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 unusual 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.
- **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.

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#### **Objectives and Activities in 2021**

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 2021 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 support (via email, telephone, video call and face-to-face), café groups (face-to-face and online) 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 are safe; the Coordinators are supported in turn by specialist health professionals and academic experts. The Coordinators recruit, train and support Peer Support Volunteers and staff with experience of postpartum psychosis to provide empathy, practical information and hope for recovery. In 2021, we aimed to maintain and grow our national and regional peer support services 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.

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 2021, we aimed to reach more health professionals with training by: delivering more training online, in addition to our face-to-face workforce training and lived experience talks; and, developing standalone in-depth/specialist and health professional e-modules and video content. 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 also planned to continue our partnership with the Institute of Health Visiting.

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2021**

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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 2021, 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 use storytelling to help the public understand PP and the importance of our work. We planned to particularly target areas where we have projects, campaigns or need more volunteers, for example Wales, Northern Ireland and Scotland. In addition, we planned to 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.

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 2021, 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 peer support. We planned to continue 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 the past 10 years; and, producing a leaflet about MBUs - what they are and why they are important for women and families. We planned to run a fundraising and awareness raising campaign - "FromMe2MBU" - to raise awareness of the distances many women travel to access MBU care. We planned to start a campaign for PP to be an essential part of all antenatal class training, including surveying women and midwives, placing powerful media stories and using our charity ambassador Laura Dockrill as spokesperson. In addition, we would continue 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.

### Research

In 2021, 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 build our income from research and build our links to try to fill research and knowledge gaps identified by women, academics and clinicians. We would 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. We would continue to advertise opportunities to take part in research into postpartum psychosis and work with researchers to facilitate lived experience input.

### Fundraising and strengthening our capacity

In 2021, we aimed to strengthen our capacity to fulfil our charitable objectives through transforming APP's data and management systems in order to manage our rapid growth. We planned to continue upskilling staff by providing access to training and personal development opportunities and continue developing APP as a model lived experience and working parent employer. We planned to appoint a Treasurer to the

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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. We planned to implement a CRM system to manage contacts and to continue reviewing reporting data and developing simpler cloud-based data recording systems.

### Achievements and performance

#### COVID-19

The coronavirus pandemic continued to have a significant impact on APP in 2021. Service users, staff and volunteers all faced considerable challenges throughout the year. For the pregnant and perinatal women APP supports, the pandemic has increased anxieties; disrupted routes to care for women who are becoming unwell; and resulted in a lack of professional and familial support at a time when women need it most. Delayed treatment has led to women becoming more severely unwell, and greater risks to the safety of mothers and babies. Policies set up to manage coronavirus have impacted women's experience of care: for example, restrictions to partners attending births, restrictions to hospital visitation; mask-wearing carers and reduced physical contact, have all created obstacles to warm and holistic care. Recovery after PP is a long and arduous journey – in normal times, family members and social networks step in to provide support – but the isolation and lack of support has made recovery harder. The pandemic has impacted the nation's mental health, and this is especially true of women with a history of postpartum psychosis or bipolar disorder. Existing mental health problems are being exacerbated, and more women in our community are experiencing relapses.

For APP's staff and volunteers, all of whom are parents themselves and many of whom have a history of psychosis or bipolar disorder, 2021 was very challenging. They faced managing their own anxieties and stressors during the pandemic, juggling frequent disruption to schooling because of high covid case numbers in school and their family situations. APP supported them by offering flexible working and focusing more management time on overseeing wellbeing, pastoral care and training. As we did in 2020, APP continued to run more social and wellbeing activities online and checked in more often with our volunteers, holding regular video calls to offer support and reduce isolation.

Since the plan for 2021 was developed, and 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 2021:

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

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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 allowed.

### **Peer Support to affected women and families**

In 2021, APP continued its national peer support service, making adaptations to plans and prioritising activities because of the pandemic. Overall, in 2021 APP provided peer support to more than 876 people, including women, grandparents, wider families and friends through our national programme and our regional NHS projects. In addition, an average of 252 people used our anonymous online forum every month (2020: 270) with the number of registered users increasing from 2,806 to 3065. Alongside the forum and café groups, coordinators and volunteers provided ongoing telephone support to 56 people, video call support to 45 women, one-to-one messaging support to 8 people, support via email 145 people, plus one-to-one support for 25 partners.

Although we didn't promote our usual annual peer support service user survey in 2021 – due to capacity constraints – we still received completed feedback surveys from some peer support users of both our national service and a regional NHS project. Of this much smaller sample, 100 % felt less isolated because of the service (2020 survey: 95%), 100% of women felt more informed about PP since using the service (2020: 98%), 100% felt more hopeful about the future (2020: 92%) and 100% felt less negative about the experience of PP (2020: 88%). In 2020, 32% of felt that the service had saved their life, whilst in 2021, 57% of the women who answered this question agreed. Though not a full survey, the results, together with qualitative data such as case studies and stories, demonstrate that APP's peer support continues to change and save lives.

*"This unique service has made a huge difference to my recovery. I felt so alone, partly due to covid, partly the nature of the PP illness. This service helped me realise I'm not alone in this and that caring compassionate people who have had similar experiences are available to talk through things with me. This service is vital. Without it I feel like my mood would have escalated and I could have ended up in hospital again."* (APP peer support service user).

### Café groups and wellbeing activities.

Our number of regional café groups rose to eight, after we added a group to support our new NHS collaboration in the northeast. Others operate in South Wales, North Wales, Sussex & Hampshire, Yorkshire, Lancashire & Cumbria, Birmingham and London. A total of 76 women and partners attended these support meetings during the year.

As pandemic restrictions eased in 2021, we were able to start offering face-to-face meet ups again, moving some of our café groups from online events to face-to-face meetings and re-introducing one-to-one meet ups between service users and volunteers or staff. Moving café groups to online meetings during the pandemic had however allowed us to reach more women, especially those in more remote areas and those who find it difficult to leave their homes. We therefore continued with a hybrid model, splitting meetings between virtual groups and in-person events. As in 2020, we continued to meet the needs of our volunteer population with regular volunteer group calls, online book clubs, art and craft activities, and health and wellbeing activities. To support our volunteers' wellbeing as well as their roles within APP, we also ran special evening training sessions for volunteers in April, July and August 2021 focusing on "Managing Crisis", "Self Care" and "Trauma-informed Peer Support". Feedback was excellent and we are planning more sessions for 2022.

*"I really enjoyed this, great speaker and good time for me. I feel more equipped for my peer support role as a result. Many thanks for the opportunity."* (APP Peer Support Volunteer)



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### Reaching partners, grandparents, bereaved families and underrepresented groups

During the pandemic, pressure on partners has increased, due to fewer health professional home visits to unwell postnatal women and reduced support from wider family. In 2021, we increased our partner peer support team, recruiting a second part-time staff member to work alongside our Partner Peer Support Coordinator and five trained partner volunteers. The team supported 25 partners in 2021 via one-to-one email, telephone, video call, our online forum, and a new monthly virtual café group.

In Autumn 2021, APP's Partner Peer Support Coordinator, Simon undertook an 852-mile virtual cycling challenge to help raise awareness of the impact of PP on the partners of women who develop the illness. The ride took him 41 days and he followed a virtual path between the UK's Mother and Baby Units (MBUs). En route, he organised virtual meetings with staff at 12 Units to ask about the services they offer partners, and share information about APP's services. Following these meetings APP developed a new Dads and Co-parents poster, which will be displayed at MBUs across the UK.

Postpartum psychosis affects women's extended families and often the baby's grandparents provide considerable emotional and practical support when their daughter or their child's partner is diagnosed with PP. APP has always supported grandparents on the online forum and when they contact us directly, and in 2021 we continued to develop our support for grandparents. We now have three trained grandparent peer support volunteers, who are working with us to help extend the breadth of support we can offer to families affected by PP. In November 2020, we held the first group video call for grandparents who are supporting, or have supported, their children through postpartum psychosis. These sessions are now held bi-monthly.

In 2021, our Communities Outreach Facilitator spent time engaging with our volunteers from Black, Asian and Minority Ethnic backgrounds, giving talks to community groups about PP and linking with health professionals who are from Black or Asian communities to involve them in awareness raising for PP. She also set up video calls for women with lived experience of PP to share the specific challenges and stigmas they faced from their communities and supported our research with a Clinical Psychology student to understand the experiences and barriers to care in women from Black and Asian background who experience PP. We have now trained five peer support volunteers who are able to use their personal experiences of PP from the perspective of a Black or Asian woman. We also have new media volunteers and storytellers from diverse backgrounds (see raising awareness amongst the general public below). We continued to support individual bereaved families, but more substantive work to develop our work and resources in this area was put on hold due to the capacity pressures of the pandemic.

### Expanding our work in the devolved nations

We were successful in securing two trust and foundation grants to fund our peer support work in Wales and nationally. Staffing pressures meant that planned work on larger funding proposals to expand our peer support was delayed until later in the year and early 2022. We provided one-to-one peer support to four women and one partner in Northern Ireland in 2021 and prepared to launch an online café group in 2022. We attended Maternal Mental Health Alliance's Northern Ireland meetings, networking with other organisations and encouraging them to signpost women and families experiencing PP to our peer support and resources. We also supported a volunteer in Northern Ireland to campaign for a Mother and Baby Unit (see campaigning for improved services below).

### Training and supporting volunteers

We continued to train peer supporters online, training 17 new peer supporters in 2021 including three new staff and another grandparent volunteer. We currently have 76 active peer support volunteers who provide support to women and families via our online forum, café group meet-ups, video call and one-to-one emails and telephone calls. Since APP began, we have trained 102 women and family members with experience of PP to provide peer support.

In 2021, we received good feedback from volunteers about the online training we provided – 100 per cent would recommend the training to others. Many also found it supported their own wellbeing and recovery: 100 per cent felt more supported, 100 per cent had more understanding about PP and 88 per cent felt less

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isolated and better connected with others with similar experiences. We received positive feedback in training evaluation forms: *"I found that through the course I learnt more about boundaries, how to deal with situations and more understanding behind different experiences from the other women attending the training" and "I got a broad understanding of the different peer support styles and approaches to adopt depending on specific situations"*.

### Peer support embedded in NHS perinatal mental health services

By the end of 2020, we had three Peer Support Facilitators embedded in NHS perinatal mental health services: in the Mother and Baby Unit in Chorley and Lancashire & South Cumbria community; in the Birmingham Mother and Baby Unit; and in the Birmingham & Solihull Community Perinatal Mental Health Teams. In addition, we had 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. In 2021, we began a new partnership with Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) and recruited a new Peer Support Facilitator and two sessional peer support workers to provide peer support in the MBU at Morpeth and as women transition home. We also began a new partnership with Black Country Healthcare NHS Foundation Trust and recruited a Peer Support Facilitator to work within their Perinatal Community Mental Health Teams.

Our NHS embedded peer supporters helped 157 women (2020: 120) in 2021, in the Chorley, Morpeth and Birmingham MBUs and in the community in Birmingham, Solihull, Lancashire and Cumbria and the Black Country. With ongoing restrictions related to the COVID-19 pandemic in some areas for part of the year, we saw fewer MBU admissions at Ribblesmere MBU than the previous year for which we hold full year data to compare. Other in-patient peer support projects had started during the year or during the pandemic and we were not able to compare like for like figures. As in 2020 we had less opportunity to meet partners and family members due to continued visiting restrictions, although did provide peer support to 12 family members (2020: 13). We have found it extremely positive that in both 2020 and 2021, at the height of COVID-19 restrictions our peer support has continued face-to-face in all MBU settings in which we work; thanks to the NHS teams who have valued peer support and seen the difference it can make.

Café groups remain an integral part of our NHS partnership projects to enable recovering women to meet. In total, we held 41 groups (2020: 25). In our Lancashire & South Cumbria project, we held a record breaking 26 café groups in 2021 (2020: 19) with 15 of these held on Zoom due to ongoing restrictions in the area. We found that offering a choice of virtual or in-person groups was beneficial: virtual groups enabled people to attend if they were not comfortable or able to be outside, whilst virtual evening groups helped those who had returned to work to participate. From summer 2021, when face-to-face meetups were increasingly feasible, we increased our reach by starting café groups in Lancaster and Blackpool in September, in addition to the already popular groups in Preston and Chorley. Our CNTW Morpeth partnership project started a café group in September 2021 and met monthly for the remainder of the year, choosing venues across the vast geographical area covered by the MBU. Our Birmingham project remained as a single café group covering the four community teams and MBU, with two Peer Support Facilitators. Café groups in the area were again a mixture of virtual and in-person groups, depending on COVID-19 restrictions and the preference of women meeting. Evening groups are run regularly to enable attendance for those who have returned to work and will continue to remain an offer as part of this project.

### Case study

APP supports women and their families through their acute illness and beyond, 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 and family members who initially receive peer support, go on to support others on our online forum and may choose to become volunteers themselves. This case study demonstrates the impact of APP's peer support on one family and their journey to recovery.

*"What is the APP network? For me and my family the APP network was a safety net we did not know existed until it stopped our world from crashing to the ground around us! Last year my wife*

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*was diagnosed with postpartum psychosis, and everything changed. To say it was an alarming time is an understatement and add to that the shocking lack of information available and we were in desperate need of support. It was then that our health visitor suggested APP.*

*I reached out, and just hours later was on a call with both Simon and Ellie. That turned out to be the most enlightening call of my life. They told me what to expect, reassured me that my wife would recover, and offered a wealth of information and guidance in the form of peer support and downloadable guides. These answered many of the questions the NHS had left unanswered, and the peer support is provided by those with first-hand experience of having survived or supported those with postpartum psychosis. Even now, I still use the peer support, only now I try and help others through what is a horrific and often heart-breaking experience.*

*Our situation was not unique, but being from Northern Ireland, a country where there is a shocking lack of support for new mothers I can't thank the APP network enough for all the work they do, and for their continuing efforts to ensure the provision of better facilities for everyone in need, like their efforts to establish a MBU in Northern Ireland, something that would have massively improved the care my wife received during her recovery."*

### **Raising awareness amongst health professionals**

In 2021, we continued to provide training and expert by experience talks to health professionals across the UK. A total of 1,500 health professionals attended a talk given by one of APP's lived experience speakers in 2021 (2020: 1,823), excluding one-day training courses. These were across 35 different online training events and four onsite events. The health professionals attending these events included midwives, health visitors, psychiatrists, mental health staff, perinatal mental health and mother and baby unit teams, psychologists, nursery nurse staff, obstetrics and gynaecology doctors, pharmacists, social workers, and mental health nurse and midwifery students. APP's National Training Coordinator supported our lived experience volunteer speakers to adapt to delivering their stories at online events including running practice sessions, creating backup plans in case the technology failed and providing 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 their two-day perinatal mental health training courses. In 2021, we delivered 15 lived experience talks on their online training courses and will continue to deliver on these courses in 2022. APP and iHVs training Coordinators have worked collaboratively to create guidelines to ensure staff and volunteers are well supported in an online space. We received excellent feedback from our speakers' sessions, including:

*"We really appreciate the partnership working. The lived experience is one of the most highly rated parts of the programme and we are often asked for more of this!" (iHV Training Facilitator)*

*"Your sharing of your story will ensure I champion PIMH [Parent and Infant Mental Health] as best as I can." (iHV PIMH delegate)*

Our relationship with the Royal College of Psychiatry (RCPsych) also continued and we co-delivered online consultant psychiatry Master Class training days. These were lived experience talks and related to the impact of postpartum psychosis on partners. These sessions received excellent feedback:

*"I know that personal stories often have the biggest impact on professionals and are very memorable. I really think you gave these psychiatrists a lot to think about and reflect on and I'm sure it will make a difference to the women, partners and families they care for". (RCPsych Masterclass facilitator)*

We presented lived experience talks to a wide range of audiences. In October 2021, approximately 100 trainee Obstetrics and Gynaecology doctors attended an online perinatal mental health training session at Homerton University Hospital, London. APP presented a lived experience talk and information about latest research and the charity. In November, APP presented to 25 psychiatrists from the University of Montreal Hospital, Canada. The session focussed on treatment, support and recovery from PP in the UK, and the importance of mother and baby units and peer support. Feedback was excellent, with delegates

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commenting that the session had: “Inspired us to fight for better care for women and families here”. Our Partner Peer Support Coordinator, Simon, was asked to take part in perinatal peer support workers induction training at Jasmine Lodge Mother and Baby Unit in Devon, receiving very good feedback: “it was great to hear the power of his testimony”. Our Under-represented Communities Facilitator took part in a well-received faith awareness workshop for Health professionals focusing on Muslim spiritual beliefs, organised by Approachable Parenting.

In 2021, we delivered three sessions of APP’s one-day training course (2020: 3) – Managing Postpartum Psychosis and Severe Mental Illness in the Perinatal Period, training 53 health professionals (2020:46). In our evaluation, 100 percent of the delegates rated the training as excellent (86.7 percent) or good (13.3 percent); 80 percent of the delegates said it would change their practice a lot. Individual feedback included:

*“So informative and touched on all the emotions, inspiring”.*

*“The mixture of evidence-based information and first-hand experience is so helpful”.*

*“Honest, informative and absolutely fantastic, thank you”.*

#### **Raising awareness amongst the general public**

In 2021, our lived experience storytellers helped us to drive engagement with thousands of people, to activate interest in APP’s work, support services, and ensure women and families with PP are heard regionally and nationally. Our media volunteer team grew by 20, bringing our total number of media volunteers to 52. We trained three media volunteers from underrepresented communities who are part of our Storytellers team, sharing their experiences of PP. For example, APP volunteer Lobeh Osagie-Asiah who took part in the BBC World Service programme ‘The Conversation’ in August discussing how PP had affected her and her family<sup>1</sup>. We’ve also worked with author Catherine Cho on opening the public conversation about religion, culture and PP with key publicity pieces and talks at national conferences. We targeted specific publications in order to reach more diverse communities, including the Urdu Times<sup>2</sup> and Eastern Eye<sup>3</sup>. Meanwhile, APP Volunteer Charity told her story as a mum of triplets, which was shared by a number of LGBTQ+ social media accounts<sup>4</sup>.

In January 2021 we celebrated our 10-year anniversary as a charity by announcing our first ambassadors: poet, author and illustrator, Laura Dockrill, who experienced postpartum psychosis in 2018, and her husband, Hugo White, a musician and record producer, formerly of The Maccabees. Working with Laura and Hugo enables APP to amplify its voice and reach people we might not otherwise be able to reach. Ambassadors play a hugely important role in getting the message out there and we’re absolutely delighted to have two passionate, experienced and influential individuals flying the flag for all the women and families who have been impacted by postpartum psychosis.

*“Experiencing postpartum psychosis was bewildering and frightening. We had no idea what was happening and the symptoms left me feeling confused, afraid and, at times, suicidal. Jess and the team at APP reached out to me while I was in recovery, bringing with them a boatload of love, warmth and hope, sharing information, and introducing me to an amazing network of women that I have been engaged with ever since. I know from personal experience just how vital APP’s work is, and that’s why I’m so proud that Hugo and I will become ambassadors. I hope I can help to reach others who may be struggling because, as I now know, there is always hope and light - we just need to show people how and where to find it.”* Laura Dockrill

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<sup>1</sup> <https://www.bbc.co.uk/programmes/w3ct1p8v>

<sup>2</sup> [http://urdutimesuk.com/epaper.php?page\\_id=9053](http://urdutimesuk.com/epaper.php?page_id=9053)

<sup>3</sup> <https://www.easterneye.biz/charity-urges-to-increase-awareness-about-maternal-mental-health-among-black-and-asian-women/>

<sup>4</sup> <https://www.app-network.org/personal-experiences/charitys-story-i-became-obsessed-by-the-idea-that-the-doctors-thought-i-couldnt-look-after-my-babies/>

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*"Postpartum psychosis is a traumatic experience for all involved - it's totally devastating seeing the person you love in such pain. That's why I'm keen to support APP's partner peer support work. Having someone to talk to who really gets what you've been through, or what you're still going through, makes a huge difference."* Hugo White

Laura and Hugo have spoken widely about their experience of PP, including in broadsheet newspapers, glossy magazines, podcasts and on television. Highlights included:

- Hugo sharing his postpartum psychosis experience as a husband and father in the Independent.<sup>5</sup>
- Laura speaking on Radio 4's Four Thought in September describing her experience of PP. In her essay 'And They Said We'd Be Glowing' she calls for a wider conversation about risks to perinatal mental health.<sup>6</sup>

In 2021, we continued to plan social media and media work around various awareness days or weeks and in support of our regional projects, as well as reacting to events and media requests. We joined more than 200 partners in the social media campaign for World Maternal Mental Health day in May and were one of the top ten influential twitter accounts for the #maternalMHmatters hashtag over Maternal Mental Health Awareness week. In September, we ran a campaign for World Suicide Prevention Day and Maternal Suicide Prevention Week, highlighting the signs and symptoms of PP, reaching 33,144 people across our social media channels and engaging 1,482. Comments on the campaign included: "This is very insightful - well done. More awareness will save lives and give a better understanding to families."

Alongside his cycling challenge, our Partner Peer Support Coordinator, Simon, used social media opportunities to raise awareness of the needs of partners and of APP's support for them. He took part in 'Family Hour' and 'Dadventurers' live chats, wrote blog posts for International Fathers' Mental Health Day and for 'DadPad' and was interviewed on BBC Radio Surrey. In Wales, APP volunteer Barbara, told her story of having PP after the birth of her two children and her role in campaigning for the new MBU in South Wales in Wales Online. We also promoted our film Facebook Live: #HonestConversations about Postpartum Psychosis: With Sally, Ines & Sharon in Wales recorded at the very end of 2020<sup>7</sup>. Other highlights included:

- Volunteer Kat Grant shared her story and experience of MBU care in an article for Health Affairs.<sup>8</sup>
- APP volunteer Katherine Shaw shared her PP story in the Daily Mail<sup>9</sup>, The Sun<sup>10</sup> and The Mirror<sup>11</sup> in October.
- APP staff member Naomi shared her story with The Flock for Menopause Awareness Day, calling for an increase in awareness about the risk posed in menopause to those who have previously suffered from mental health issues<sup>12</sup>.

APP has always sought to understand the experience of PP in a variety of ways, from clinical and research studies to supporting personal stories and awareness raising pieces in the arts. June 2021 saw the launch in Oxford of "after birth", a new play written by Zena Forster and directed by Grace Duggan. "after birth" is a comedy deeply rooted in the real-life testimonies of women within the APP network. APP has been supporting Zena's development of this piece for several years. In 2021, we also worked with a theatre company who are researching and developing a theatre piece, based on an historic account of postpartum psychosis.

We continued to use social media to provide peer support in new ways, running live events and activities online for volunteers and beneficiaries - for example our regular book club – and ensuring that there was

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<sup>5</sup> <https://www.independent.co.uk/voices/postnatal-depression-psychosis-fathers-day-b1867734.html>

<sup>6</sup> <https://www.bbc.co.uk/programmes/m000zl0x>

<sup>7</sup> [https://www.youtube.com/watch?v=IM\\_kTqn4DSM&t=10s](https://www.youtube.com/watch?v=IM_kTqn4DSM&t=10s)

<sup>8</sup> <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.01288>

<sup>9</sup> <https://www.dailymail.co.uk/femail/article-10079479/Healthy-mum-suffered-rare-psychotic-episode-week-giving-birth-warns-parents-signs.html>

<sup>10</sup> <https://www.thesun.co.uk/health/16386363/thought-i-would-be-crucified-babys-arrival-second-coming/>

<sup>11</sup> <https://www.mirror.co.uk/lifestyle/family/mum-suffers-rare-psychotic-episode-25184708>

<sup>12</sup> <https://flockmag.com/the-menopause-could-be-life-threatening-for-me-but-nobody-seems-to-be-listening/>

# **ACTION ON POSTPARTUM PSYCHOSIS**

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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 ongoing stress and isolation felt by many in our community during the pandemic

The impact of the coronavirus pandemic meant that some planned work was delayed; for example, although our survey of changes in women's and families' experiences over the past 10 years was conducted, analysis of the results was delayed to 2022. However, we continued to extend our social media content and reach: our social media followers increased by a third on Facebook and Instagram and by 26 percent across all platforms. Our total social media reach was 2,469,054 (2020: 2,159,356), with engagement 75,290 (2020: 63,094), whilst we had 132,833 website hits (2020: 124,339), including more than more than 6,000 views of our Insider Guides web page (2020: 4,500). We supported 33 national and regional media stories in 2021<sup>13</sup>, and shared these across our three main social media channels.

#### **Campaigning for improved services**

In 2021, we used our specialist expertise and lived experience voice to work towards change in systems that are important to women and families affected by postpartum psychosis. We were delighted to see the new Mother and Baby Unit in South Wales open in April 2021. Uned Gobaith ('Unit of Hope') is the only inpatient unit in Wales. The six-bed unit is at Tonna Hospital in South Wales and is providing specialist inpatient care to new and expectant mums in Wales who experience serious mental health problems. APP's staff and lived experience volunteers in Wales have been campaigning for this unit for several years, and we worked closely with the MBU development group to ensure that the voices of women with Lived Experience shaped all aspects of the design of the new unit. In April 2021, APP staff and volunteers trained the new staff at the unit. APP will continue to strengthen this relationship with the unit to ensure all new staff are inducted.

Our ten Wales volunteers have supported our campaigning work during 2021, sharing their stories in the media to raise awareness of PP and the effect on families. For example, APP volunteer, Barbara, told her story of having PP after the birth of her two children and her role in campaigning for the new MBU in south Wales in Wales Online. The volunteers have also been part of our campaign supporting a petition to the Senedd for a new Mother and Baby Unit in north Wales led by APP storyteller, Nia Faulks. This has now reached committee panel stage and has been passed to the Children and Young People's Committee to act upon.

As capacity allowed, we continued to develop our work in Northern Ireland and Scotland. Representatives from APP spoke at the virtual Northern Ireland Maternal Mental Health Conference, reaching 111 delegates including parents, health services professionals and representatives from the third sector. We participated in MMHA's Northern Ireland meetings and continued supporting APP volunteer, Orlagh Quinn's petition calling for an MBU in Northern Ireland<sup>14</sup>. We continued working with our Scottish volunteers and met with MMHA's Scotland Coordinator, Latnem - a perinatal mental health organisation working in the North East of Scotland - and the new Ayrshire and Arran perinatal mental health team. We recruited six new Regional Rep volunteers in 2021 and continued to focus on building capacity in the devolved nations. We have 11 volunteers in Scotland, 10 in Wales, and one in Northern Ireland. Overall, APP now has 106 Regional Reps in total, of whom around 61 are currently active in volunteering.

We launched our survey on experiences of care in autumn 2021; 350 women with experience of postpartum psychosis in the last 10 years completed the survey. The survey will help us to understand how differences in the types of care women receive for postpartum psychosis impacts on their experiences and recovery outcomes. The data is being analysed and will be used to assess and compare recovery

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<sup>13</sup> [www.app-network.org/news-events/in-the-press/](http://www.app-network.org/news-events/in-the-press/)

<sup>14</sup> <https://www.change.org/p/robin-swann-northern-ireland-health-minister-help-save-lives-demand-mother-and-baby-units-in-northern-ireland>

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and care outcomes in women cared for in MBUs and un General Units and to inform APP's future work and objectives.

APP participated in meetings and input into national consultations to ensure that the voices of women and families with lived experience were considered. Policy activities included:

- Consulting with members of our network and responding to the Mental Health Act (MHA) consultation. We called for greater consideration to be given to perinatal mental health, welcomed "Advanced Choice Documents" and "Nominated Person" powers, recommended that a perinatal psychiatrist be involved in MHA assessments for perinatal women, access to specialist treatment or a Mother and Baby Unit and written accountability if an MBU is not part of the treatment plan for a perinatal woman.
- Responding to the Department of Health and Social Care Women's Health Strategy consultation, emphasising the need for equitable access to perinatal mental health services, more research into PP, education about PP and information for women and families.
- Submitting written evidence to the All-Party Parliamentary Group on Menopause Inquiry drawing on the limited existing research data and the personal experiences of women of menopausal age in our network to support recommendations to improve health outcomes for women at risk of a relapse of severe mental illness during menopause. Our recommendations included: mandatory GP training on risks to mental health during menopause for women with a history of severe perinatal mental illness and/or a diagnosis of bipolar disorder; mandatory training for psychiatrists on interactions between HRT and psychotropic medication; and a rapid review, and dissemination to women's organisations and health professionals, of evidence relating to perinatal illness, menopause, and HRT use.
- Signing a joint letter to the Chair of the Children, Young People and Education Committee of the Senedd, responding to the consultation on the Committee's priorities and emphasising the importance of perinatal and infant mental health.

## Research

APP is hosted by Birmingham University and works closely with researchers at the National Centre for Mental Health at Cardiff University. We facilitate research, support lived experience consultancy, and help disseminate findings, ensuring evidence-based information is accessible to women, families and health professionals. In 2021, with more staff capacity devoted to research, we developed a lived experience research group to advise and support research studies. We continued to engage with students, academics and health professionals to facilitate interest in PP research throughout the UK. We formed collaborations to help fill gaps in research knowledge, for studies that will be conducted over coming years and supported recruitment for 16 research studies during the year, including 10 student projects and 5 funded research projects. APP have helped with research questions, study design, recruitment and study write ups for reports and peer reviewed journals. Some highlights include:

- Working with the MRC Centre for Neuropsychiatric Genetics and Genomics<sup>15</sup> and the National Centre for Mental Health at Cardiff University on a programme of reproductive neuroscience studies, including the *Motherhood and Mental Health (MaM) Study*, supporting recruitment to clinical and genetic studies of postpartum psychosis, and research into sleep, menopause, risk factors and outcomes.
- Collaborating in 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 employed a Lived Experience Peer researcher to conduct

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<sup>15</sup> <https://www.cardiff.ac.uk/mrc-centre-neuropsychiatric-genetics-genomics>

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qualitative interviews and worked with the study team to support planning, design and interpretation of results.<sup>16</sup>

- Working with Matrix Cymru: Public Health Wales: APP worked on the task group to review the evidence for psychological therapies in postpartum psychosis. Findings will be published in 2022.
- Supporting *The Wellcome Trust: Postpartum Psychosis Drug Discovery study*, led by Professor John Atack, Director of the Medicines Discovery Institute, at Cardiff University.
- The publication of Elen Thomas' doctoral thesis developing and testing 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, which APP had supervised.<sup>17</sup>
- Working with writers of 'After birth' theatre piece and researchers from the University of Oxford to develop a study exploring the feasibility of using theatre/film as a health professional training intervention.

### Fundraising and strengthening our capacity

In 2021, the coronavirus pandemic continued to have a significant impact on APP: plans for the year were adapted, and staff and resources were directed to peer support, signposting and disseminating information about PP and the support available. This reprioritisation meant that some organisational transformation work was delayed, in particular the website, CRM/data and impact report projects were put on hold. We continued to train and develop our staff, including through the opportunities provided through our Lived Experience Leaders project. We used the project funds to further invest in our National Coordinators' leadership and management skills. Building on these skills means we can support the growth of the organisation as well as deliver better quality programmes and services for the women and families we support. Our National Coordinators have seen their roles and responsibilities increase and evolve; they have each at least doubled the number of volunteers for whom they are responsible, and all now manage their own staff and projects. Training in leadership, project planning, managing staff, managing volunteers, presentation skills and time management have all been hugely beneficial for them. In 2021 we also developed and implemented tailored Wellbeing Plans for all staff.

In 2021, we had aimed to recruit a Treasurer to the Board and recruit an experienced fundraiser, senior manager and lived experience Coordinator and to contract writers for our reports and website content development. We were delighted that Annette Bauer - a Health Economist and Assistant Professor at the London School of Economics - joined our Board as Treasurer in March 2021. A new national Coordinator with lived experience of PP was recruited in late 2021 for a 2022 start date, whilst recruitment for an experienced fundraiser was underway by year end with the successful candidate starting in March 2022. We also contracted a writer who began work on redeveloping our website.

We were successful in securing two small trust and foundation grants to fund our peer support work in Wales and nationally. Staffing pressures meant that planned work on larger funding proposals to expand our peer support was delayed until later in the year and early 2022. We expanded our contract with Birmingham and Solihull Mental Health Foundation NHS trust to provide an additional day per week of peer support in the community perinatal mental health teams. We also secured contracts to provide peer support in the community in the Black Country and in the Morpeth MBU and as women transition home.

Despite the pandemic, our voluntary fundraising continued to be successful, with our Miles for Mums and Babies fundraising campaign being a significant new source of funding. Each mile reflects the journey mums, babies, partners and families travel to be together, whilst mums receive care in Mother and Baby

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<sup>16</sup> Jankovic, J., Parsons, J., Jovanović, N., Berrisford, G., Copello, A., Fazil, Q. and Priebe, S. (2020) *Differences in access and utilisation of mental health services in the perinatal period for women from ethnic minorities—a population-based study*. *BMC medicine*, 18(1), pp.1-12.

<sup>17</sup> Thomas, E. (2021) *Bipolar Disorder and Postpartum Psychosis Pregnancy Planning (PREP) Study: developing an interactive guide for women at high risk* (Doctoral dissertation, Cardiff University). <https://orca.cardiff.ac.uk/id/eprint/148927/>



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Units (MBUs). We had a fantastic response to our challenge; fundraisers and their chosen challenges included:

- Consultant Psychiatrist, Neha Rawat, and her family who covered 534 miles in May through a combination of walking, running, jumping and crawling. They chose their target to represent the distance between the NHS Lothian Livingston MBU in Scotland and Jasmine Lodge MBU in Devon.
- The team from the MBU at Glasgow's Leverndale Hospital and colleagues from the Community Perinatal Mental Health Team challenged themselves to walk 10,000 steps a day throughout May to raise awareness of postpartum psychosis and to support APP.
- APP staff member, Naomi Gilbert, who took part in her first ever triathlon in September 2021. She chose a triathlon to highlight that during her recovery from PP she had to go to three separate psychiatric hospitals without her daughters, as there was no local Mother and Baby Unit at the time.
- The team from the new Perinatal Mental Health Service in Ayrshire and Arran challenged themselves to walk 1,400 miles throughout October. They wanted to take part in #MilesForMumsAndBabies to raise awareness of PP, support APP, and come together as a team. They chose the distance as it represents the 1,400 mums who experience PP in the UK each year.
- Anna Grisedale, who had PP in 2015 and 2018, challenged herself to walk 119 miles, which represents the journey she made from Leeds to the MBU in Morpeth with her first born.
- Simon O'Mara, APP's Partner Peer Support Facilitator who cycled an 852-mile virtual route between the UK's MBUS, raising awareness of the impact of PP and of APP's support for dads and coparents.

We are very grateful to all our many individual fundraisers who have found creative ways to fundraise and increase awareness. We'd particularly like to thank Katherine Kay who completed a sea swim of 40 miles in 40 days in support of APP and Winston's Wish, to honour the memory of her friend Amy Rogers, raising more than £10,000, and Dale Marr who walked 250 miles in memory of her sister and to raise awareness and funds for APP. Finally, we'd like to thank Stephen Vinter for his perseverance in training and fundraising; after three cancellations of the in-person event, he finally ran a virtual Edinburgh marathon in May 2021.

## **Financial Review**

The Statement of Financial Activities on page 23 shows APP's income and expenditure for the year. During the year ended 31 December 2021, income exceeded expenditure by £8,833. These net incoming resources are primarily the result of planned activities being delayed by the coronavirus pandemic as we focused available staff resources on peer support, signposting and disseminating information about PP and the support available.

In our Unrestricted Funds, income exceeded expenditure by £40,362. Income from charitable activities increased significantly, reflecting new increased contract income with the further expansion of our work in Birmingham and Solihull and new work in Morpeth and the Black Country. Grant income decreased as Covid grants came to an end and we did not secure new larger grants. Income from training decreased whilst income from donations increased, with a decrease in corporate donations being offset by increased general fundraising. In our restricted funds expenditure exceeded income by £31,529, reflecting the expenditure of funds carried forward from the prior year to complete activities on the Comic Relief Peer Support and COVID Response projects and the Leaders with Lived Experience project.

The Balance Sheet on page 24 shows that at 31st December 2021, APP was holding £190,462; of which £5,438 was restricted funds. Of the remaining £185,024 unrestricted funds, £24,078 had been designated by the Trustees to complete organisational transformation work in 2022 to respond to APP's growth, and £8,631 and £25,821 had been designated by the Trustees to complete planned work in Morpeth and the Black Country respectively. 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 2020 financial year, the Board deemed three months core operating costs to be in the range of £80,000 to £90,000. On 1st January 2021, APP was

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holding £86,301 in free reserves, which was within the range then recommended by our reserves policy. On 31st December 2021, APP was holding £126,493 in free reserves, which was slightly above the range then recommended by our reserves policy (£110,000 - £120,000). The Board continues to review the appropriate reserves level and take steps to bring the funds held in line with that.

## 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 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 2021, one long standing Board member resigned, and 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.

## 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, whilst in 2021 we began recruiting for a dedicated fundraising role. 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

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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:** Throughout 2021, the Trustees reviewed the principal risks in relation to the unfolding Coronavirus pandemic. As a home-based organisation, APP had adapted well 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 2021 were financial sustainability, management capacity, and operational risks related to the pandemic, in particular high rates of mental health relapse in staff and volunteers. Financial sustainability was addressed by: revising the budget and regularly reviewing forecast income and expenditure in light of the pandemic; launching the Miles for Mums and Babies fundraising campaign; trialling online workforce training that could be booked by anyone (rather than being commissioned to deliver workforce training for a particular organisation); securing and new or extended NHS contracts; and seeking closer research collaborations, in particular with the Institute for Mental Health at Birmingham University, to increase future research funding. Management capacity risks were addressed through recruiting an additional national lived experience Coordinator, a fundraiser and further administrative support. We recruited a Treasurer and continued to actively network to seek Board members to fill the identified skills gaps. Operational risks arising from the coronavirus pandemic were addressed through: continuing to agree new flexible working patterns, prioritise and reassign work; holding regular meetings with staff, contractors and volunteers to provide pastoral care and support; reviewing staff Wellbeing Plans; offering both face-to-face services and online services where possible; updating risk assessments for NHS contracts; and increasing staff capacity.

### Plans for Next Year

Action on Postpartum Psychosis plans for 2022 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:
  - Maintaining our current NHS projects and ensuring the resilience of each project under a range of scenarios (e.g., staff sickness, pandemic restrictions) by training and supporting employees, sessional workers and new volunteers.
  - Strengthening our NHS peer worker team by providing ongoing training, opportunities to meet regularly online, share resources and participate in co-working days.
  - Building links with the newly developing provider collaboratives and strengthening links with all UK MBU peer workers and ward managers with the aim of reaching all MBUs with peer support in the future.
  - Growing our national peer support team, to meet demand for forum, email, and social media support, together with online wellbeing, creative and community building activities.
  - Reviewing processes for beneficiaries and volunteers to improve journeys and engagement. Gaps in volunteer skills will be managed through new volunteer recruitment and an ongoing volunteer training programme.
  - Developing protocols to support our network of café groups, increasing attendance, and ensuring they are safely run and well-advertised.
  - Recruiting volunteers in Northern Ireland, Scotland and North Wales and setting up café groups to deliver support and facilitate campaigning. Continuing supporting two café groups in Wales and establishing up to two new café groups in locations with NHS projects or where we have new Lived Experience staff.

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- Running regular activities to engage partners, grandparents, and Black and Asian communities to increase engagement. Producing a written plan to reach into Black and Asian communities with input from our volunteers.

2. **Raising awareness amongst health professionals.** We plan reach more health professionals with training by:

- Delivering three online bookable one-day training sessions and up to three NHS commissioned in person training days, promoting, evaluating and seeking university accreditation for this training.
- Continuing collaborations with the Institute of Health Visiting (iHV) and other professional bodies, training, supporting and developing resources for Lived Experience speakers. Supporting up to 50 events throughout the year.
- Surveying professional groups to identify training needs.
- Identifying a provider to develop APP training modules and creating a timetable for module development and outline of costs.
- Developing a written plan for training updates for NHS teams who have already been trained by APP, and in APP's NHS partnership project regions.

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 the public understand PP and the importance of our work.
- Sharing stories from women, partners and families about care received in an MBU and the impact of not being able to access an MBU bed.
- Sharing stories from women, partners and families about the impact of not hearing about PP during antenatal classes, and not knowing about the illness before diagnosis.
- Continuing to support film, theatre, TV or book projects that tell PP stories, linking creatives to our network of women and families with lived experience.

4. **Campaigning.** Our goal is that all women and families in the UK have access to the services they need to get help and recover from PP. We plan to use our specialist expertise and lived experience voice to create change in systems, by:

Mother & Baby Units

- Highlighting the gaps in Mother and Baby Unit (MBU) provision in North Wales, Northern Ireland, northern Scotland working with the Maternal Mental Health Alliance (MMHA) and National Society for the Prevention of Cruelty to Children (NSPCC).
- Ensuring MBUs are valued by the public and policy makers, by sharing powerful stories from women, partners, families at national events, at key meetings, to influencers, on social media and in the press. Sharing stories about care received in an MBU or care in other settings.
- Connecting with MBU staff and NHS Trusts to support MBU communications and share good news stories. Connect with MBUs via APP staff and volunteer initiatives.
- Preparing press releases and expert commentary, writing up and making accessible APP's MBU data, analysing and reporting on data collected in our recent 10-year survey.

PP in Antenatal Classes

- Promoting the findings of our YouGov survey about PP antenatal class education.
- Surveying midwives and National Childbirth Trust (NCT) trainers about PP content in antenatal education, fears and practice, using the results to develop content, suggested phrases, and an online Q&A for midwives/NCT providers.
- Seeking collaboration for a campaign for PP to be an essential part of all antenatal class training, with NCT, MMHA involving our network of regional reps.
- Placing powerful media and social media stories and using our charity ambassador Laura Dockrill as spokesperson.

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5. **Research.** We will continue to facilitate research studies of importance to women and families affected by postpartum psychosis, by
- Analysing and reporting on APP's MBU survey and plan to maximise the impact of the results.
  - Building stronger links with the Institute of Mental Health in Birmingham University and the National Centre for Mental Health at Cardiff University, working with them to raise awareness of APP, develop funding proposals, and share communications.
  - Surveying women and families on research gaps, publishing results on our website, liaising with funders and research groups to make plans to fill research gaps. Publishing guidelines for researchers and students on our website regarding the type of research APP will support and our expectations.
  - Supporting and engaging our Lived Experience research consultation group and developing our processes for supporting lived experience co-production.
  - Considering improvements to processes needed to build APP's research register and engage our community in research participation.
  - Developing web content on survey findings, and fill information gaps (e.g., menopause, becoming a grandparent, accessing an MBU, updating partner info, parenting after PP info).
6. **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:
- Building fundraising capacity by appointing an experienced to oversee the growth of APP's fundraising campaigns and grassroots fundraising fundraiser (recruitment began in late 2020).
  - Increasing core capacity by increasing admin support to the management team, research, training and NHS projects.
  - Continuing to develop staff training, staff support practices, and report on pay and conditions best practice to support the further development of APP as a model lived experience/working parent employer.
  - Refreshing the website template and working through web content section by section.
  - Improve internal processes by appointing a senior staff member with data management and CRM implementation expertise to implement a CRM towards the end of 2022 and oversee a review of data policies and IT security.
  - Carrying out the groundwork in considering the organisational capacity and structure required for future growth: internationally; research impact; health professional training reach; café groups; MBU inreach; and capacity to develop information and content. This will enable us to begin to seek funding for pilot international work in 2023.

**ACTION ON POSTPARTUM PSYCHOSIS**  
**TRUSTEES' REPORT**  
**FOR THE YEAR ENDED 31 DECEMBER 2021**

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## **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 2021 were as follows:

Dr Giles Berrisford	Chair	
Annette Bauer	Treasurer	(appointed 9 March 2021)
Dr Clare Dolman		
Sarah Hind		
Anna Jones	Vice Chair	
Professor Ian Jones		
Andrea Lambert		(resigned 1 July 2021)
Abbie Sampson		

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.

# ACTION ON POSTPARTUM PSYCHOSIS

## TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2021

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### 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 2021.

### **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  
ICAEW  
TCA (Shrewsbury) LLP  
Third Floor  
21 St Mary's Street  
Shrewsbury  
Shropshire  
SY1 1ED

Date: .....



# ACTION ON POSTPARTUM PSYCHOSIS

## STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 DECEMBER 2021

	Notes	Unrestricted funds £	Restricted funds £	2021 Total funds £	2020 Total funds £
<b>INCOME AND ENDOWMENTS FROM</b>					
Donations and legacies	2	137,683	-	137,683	128,325
<b>Charitable activities</b>					
General	5	266,455	34,952	301,407	252,437
Other trading activities	3	-	-	-	198
Investment income	4	<u>8</u>	<u>-</u>	<u>8</u>	<u>102</u>
<b>Total</b>		404,146	34,952	439,098	381,062
 <b>EXPENDITURE ON</b>					
Raising funds		6,019	-	6,019	2,865
<b>Charitable activities</b>					
General	6	357,765	66,481	424,246	321,030
<b>Total</b>		<u>363,784</u>	<u>66,481</u>	<u>430,265</u>	<u>323,895</u>
<b>NET INCOME/(EXPENDITURE)</b>		40,362	(31,529)	8,833	57,167
 <b>RECONCILIATION OF FUNDS</b>					
Total funds brought forward		144,662	36,967	181,629	124,462
<b>TOTAL FUNDS CARRIED FORWARD</b>		<u>185,024</u>	<u>5,438</u>	<u>190,462</u>	<u>181,629</u>

### CONTINUING OPERATIONS

All income and expenditure has arisen from continuing activities.

**ACTION ON POSTPARTUM PSYCHOSIS (REGISTERED NUMBER: 07466643)****STATEMENT OF FINANCIAL POSITION  
31 DECEMBER 2021**

	Notes	2021 £	2020 £
<b>FIXED ASSETS</b>			
Tangible assets	12	280	680
<b>CURRENT ASSETS</b>			
Debtors	13	89,084	16,525
Cash at bank		<u>142,030</u>	<u>196,652</u>
		231,114	213,177
<b>CREDITORS</b>			
Amounts falling due within one year	14	(40,932)	(32,228)
<b>NET CURRENT ASSETS</b>		<u>190,182</u>	<u>180,949</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		190,462	181,629
<b>NET ASSETS</b>		<u>190,462</u>	<u>181,629</u>
<b>FUNDS</b>	16		
Unrestricted funds:			
General Fund		126,494	86,300
Designated Fund		<u>58,530</u>	<u>58,362</u>
		<u>185,024</u>	<u>144,662</u>
Restricted funds		<u>5,438</u>	<u>36,967</u>
<b>TOTAL FUNDS</b>		<u>190,462</u>	<u>181,629</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 December 2021.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 December 2021 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

**ACTION ON POSTPARTUM PSYCHOSIS (REGISTERED NUMBER: 07466643)**

**STATEMENT OF FINANCIAL POSITION - continued  
31 DECEMBER 2021**

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 2021**

### **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 2021

### 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 £	2021 Total funds £	2020 Total funds £
Donations	<u>137,683</u>	<u>-</u>	<u>137,683</u>	<u>128,325</u>

In the prior year, £128,325 of the income related to unrestricted funds and £nil to restricted funds.

### 3. OTHER TRADING ACTIVITIES

	Unrestricted funds £	Restricted funds £	2021 Total funds £	2020 Total funds £
Sale of literature	<u>-</u>	<u>-</u>	<u>-</u>	<u>198</u>

# ACTION ON POSTPARTUM PSYCHOSIS

## NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2021

### 4. INVESTMENT INCOME

	Unrestricted funds £	Restricted funds £	2021 Total funds £	2020 Total funds £
Bank interest	<u>8</u>	<u>-</u>	<u>8</u>	<u>102</u>

In the prior year, £102 of the income related to unrestricted funds and £nil to restricted funds.

### 5. INCOME FROM CHARITABLE ACTIVITIES

	2021 £	2020 £
Comic Relief - APP Peer Support Community Project	32,452	32,452
Comic Relief - Covid response	-	21,302
tnlcf - Leaders with Lived Experience Programme	-	19,757
The Fore	-	5,000
Mind Grants	-	2,496
Other Trusts and Foundations	2,500	3,000
Government Grants - Coronavirus Statutory Sick Pay Rebate Scheme	128	-
Contract Income - Lancashire and South Cumbria NHS Foundation Trust	67,530	67,530
Contract Income - Birmingham and Solihull Mental Health NHS Foundation Trust	96,614	72,105
Contract Income - Black Country Healthcare NHS Foundation Trust	48,050	-
Contract Income - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	29,998	-
Workforce Training and Experts by Experience	8,925	17,406
Research contracts	<u>15,210</u>	<u>11,389</u>
	<u>301,407</u>	<u>252,437</u>

In the prior year, £176,430 of the income related to unrestricted funds and £76,007 to restricted funds.

### 6. CHARITABLE ACTIVITIES COSTS

	Direct Costs (see note 7) £	Support costs (see note 8) £	Totals £
General	<u>416,820</u>	<u>7,426</u>	<u>424,246</u>

In the prior year, £252,864 of the expenditure related to unrestricted funds and £68,166 to restricted funds.

# ACTION ON POSTPARTUM PSYCHOSIS

## NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2021

### 7. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2021	2020
	£	£
Staff and freelance costs	304,339	209,623
Consultancy	62,887	63,636
Project costs	320	461
Travel	9,704	7,435
Information materials and awareness raising	11,806	5,971
Volunteer training & expenses	1,167	1,823
Office and running costs	26,070	22,544
Workforce training and experts by experience costs	127	974
Depreciation	<u>400</u>	<u>401</u>
	<u>416,820</u>	<u>312,868</u>

### 8. SUPPORT COSTS

	Governance costs £
General	
	<u>7,426</u>

Support costs, included in the above, are as follows:

	2021	2020
	£	£
Independent examiners fee	2,200	2,220
Accountancy fees	5,140	4,153
Other fees	86	1,503
Board expenses	<u>-</u>	<u>286</u>
	<u>7,426</u>	<u>8,162</u>

### 9. NET INCOME/(EXPENDITURE)

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

	2021	2020
	£	£
Depreciation - owned assets	400	401
Independent Examination Fee	<u>2,200</u>	<u>2,220</u>

# ACTION ON POSTPARTUM PSYCHOSIS

## NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2021

### 10. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2021 nor for the year ended 31 December 2020.

#### Trustees' expenses

There were no trustees' expenses paid for the year ended 31 December 2021 nor for the year ended 31 December 2020.

### 11. STAFF COSTS

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

	2021	2020
Core charitable activity	<u>14</u>	<u>10</u>

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 £42,412 (2020: £40,656).

### 12. TANGIBLE FIXED ASSETS

	Office equipment £
<b>COST</b>	
At 1 January 2021 and 31 December 2021	<u>1,200</u>
<b>DEPRECIATION</b>	
At 1 January 2021	520
Charge for year	<u>400</u>
At 31 December 2021	<u>920</u>
<b>NET BOOK VALUE</b>	
At 31 December 2021	<u>280</u>
At 31 December 2020	<u>680</u>

### 13. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2021	2020
	£	£
Trade debtors	79,492	9,313
Other debtors	96	-
Prepayments and accrued income	<u>9,496</u>	<u>7,212</u>
	<u>89,084</u>	<u>16,525</u>



# ACTION ON POSTPARTUM PSYCHOSIS

## NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2021

### 14. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2021	2020
	£	£
Trade creditors	2,637	11,124
Social security and other taxes	6,069	4,979
Other creditors	339	181
Accruals and deferred income	<u>31,887</u>	<u>15,944</u>
	<u>40,932</u>	<u>32,228</u>

### 15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted funds	Restricted funds	2021 Total funds	2020 Total funds
	£	£	£	£
Fixed assets	280	-	280	680
Current assets	225,676	5,438	231,114	213,177
Current liabilities	<u>(40,932)</u>	<u>-</u>	<u>(40,932)</u>	<u>(32,228)</u>
	<u>185,024</u>	<u>5,438</u>	<u>190,462</u>	<u>181,629</u>

### 16. MOVEMENT IN FUNDS

	At 1.1.21	Net movement in funds	Transfers between funds	At 31.12.21
	£	£	£	£
<b>Unrestricted funds</b>				
General Fund	86,300	118,242	(78,048)	126,494
Designated Fund	<u>58,362</u>	<u>(77,880)</u>	<u>78,048</u>	<u>58,530</u>
	144,662	40,362	-	185,024
<b>Restricted funds</b>				
Comic Relief Covid Response	4,502	(4,502)	-	-
Comic Relief Peer Support	16,291	(16,291)	-	-
tnlcf - Leaders With Lived Experience	9,955	(9,955)	-	-
Other Peer Support	<u>6,219</u>	<u>(781)</u>	<u>-</u>	<u>5,438</u>
	<u>36,967</u>	<u>(31,529)</u>	<u>-</u>	<u>5,438</u>
<b>TOTAL FUNDS</b>	<u>181,629</u>	<u>8,833</u>	<u>-</u>	<u>190,462</u>

# ACTION ON POSTPARTUM PSYCHOSIS

## NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2021

### 16. MOVEMENT IN FUNDS - continued

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

	Incoming resources £	Resources expended £	Movement in funds £
<b>Unrestricted funds</b>			
General Fund	404,146	(285,904)	118,242
Designated Fund	-	(77,880)	(77,880)
	404,146	(363,784)	40,362
<b>Restricted funds</b>			
Comic Relief Covid Response	-	(4,502)	(4,502)
Comic Relief Peer Support	32,452	(48,743)	(16,291)
tnlcf - Leaders With Lived Experience	-	(9,955)	(9,955)
Other Peer Support	500	(1,281)	(781)
Wales Peer Support	2,000	(2,000)	-
	34,952	(66,481)	(31,529)
<b>TOTAL FUNDS</b>	<u>439,098</u>	<u>(430,265)</u>	<u>8,833</u>

### Comparatives for movement in funds

	At 1.1.20 £	Net movement in funds £	Transfers between funds £	At 31.12.20 £
<b>Unrestricted funds</b>				
General Fund	35,336	75,964	(25,000)	86,300
Designated Fund	60,000	(26,638)	25,000	58,362
	95,336	49,326	-	144,662
<b>Restricted funds</b>				
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	7,560	(1,341)	-	6,219
	29,126	7,841	-	36,967
<b>TOTAL FUNDS</b>	<u>124,462</u>	<u>57,167</u>	<u>-</u>	<u>181,629</u>

# ACTION ON POSTPARTUM PSYCHOSIS

## NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2021

### 16. MOVEMENT IN FUNDS - continued

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

	Incoming resources £	Resources expended £	Movement in funds £
<b>Unrestricted funds</b>			
General Fund	305,055	(229,091)	75,964
Designated Fund	-	(26,638)	(26,638)
	305,055	(255,729)	49,326
<b>Restricted funds</b>			
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	-	(1,341)	(1,341)
	76,007	(68,166)	7,841
<b>TOTAL FUNDS</b>	<u>381,062</u>	<u>(323,895)</u>	<u>57,167</u>

#### Unrestricted funds

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

#### Designated funds

The designated fund is made up of £24,078 re the Organisational Transformation Fund (2020: £58,362), £25,821 re Black Country Peer Support (2020: £nil) and £8,631 re Morpeth Peer Support (2020: £nil).

#### **Organisational Transformation Fund**

In 2019, Trustees designated £60,000 for organisational transformation work in 2020. Whilst significant progress was made, the impact of the pandemic meant some planned 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. 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 APP's 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.

In 2021, the coronavirus pandemic continued to have a significant impact on APP: plans for the year were adapted; staff and resources were directed to peer support, signposting and disseminating information about PP and the support available. This reprioritisation meant that some organisational transformation work was delayed, in particular the website, CRM and impact report projects were running behind their original schedules at year end. APP's 2022 budget includes plans to spend the remaining designated organisational transformation funds to complete these projects.

## **ACTION ON POSTPARTUM PSYCHOSIS**

### **NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2021**

#### **16. MOVEMENT IN FUNDS - continued**

##### **Morpeth and Black Country Peer Support Fund**

In December 2021, Trustees decided to designate the funds required for APP to meet its existing commitments to peer support projects in the Black Country and Morpeth. The funding for these projects to October 2022 and April 2022 had already been paid to APP, so Trustees felt it was important to set aside the funds to complete the agreed work.

##### **Restricted funds**

##### **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 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 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. In 2020, Comic Relief made an additional grant to APP to extend this project in 2020 and 2021. The grant was 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 additional Comic Relief grant ended in November 2021. The Other Peer Support fund consists of donations restricted to peer support activities.

##### **tlncf - Leaders with Lived Experience**

APP was awarded a project grant from the Leaders with Lived Experience Programme of the National Lottery Community Fund (tlncf). The project started in July 2019 and enabled APP to provide additional training and support to our three national programme leaders. Project activities would 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 APP's 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.

##### **Wales Peer Support**

APP received a grant from the Gwendoline & Margaret Davies Charity in February 2021 to develop our peer support community and café groups in Wales. The grant enabled us to run our café groups in North Wales and South Wales, which met a total of 11 times throughout the year, both virtually and in person. mixture of virtual (video call) and in-person meet-ups. We now have 10 Welsh volunteers who support our PP awareness-raising work through lived experience talks and sharing their experiences in the media. The project ended in 2021.

## **ACTION ON POSTPARTUM PSYCHOSIS**

### **NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 DECEMBER 2021**

#### **17. RELATED PARTY DISCLOSURES**

Action on Postpartum Psychosis is hosted by the University of Birmingham. During 2021 Action of Postpartum Psychosis paid a hosting fee to the University of £39,167 (2020: £38,944). The charity receives benefits from this relationship including meeting and office space.