

Dorset Women CIC E5_mixeddown V1

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SPEAKERS

Jagoda Banovic, Dr Joanna Yilmaz, Marianne Storey



Marianne Storey 00:09

So today's episode is about women's mental health, specifically so the kinds of mental health conditions that women experience that men don't like, those that happen around periods menopause and pregnancy. And I have got with me today two incredibly skilled and experienced people. I'm just going to ask you to introduce yourself so everybody knows who is here, because you've got such interesting jobs. You too. So jagoda, why don't we start with you? Just introduce yourself. Just say who you are, what you do, what your day job kind of looks like?



Jagoda Banovic 00:43

Hi, really happy to be here. Mariana, thank you for inviting me to have a conversation with you and Joe. My name is Jagat urbanovich. I'm the head of perinatal mental health services for Dorset, and I'm an occupational therapist by background, which I'm very proud of. So my my gosh, what does my day job look like? Incredibly busy, which is good and exciting, but generally, I suppose, to try and give people a bit of an insight, my role is probably to have that overview and oversight of the mother and baby unit, the perinatal community mental health team, and the maternal mental health service, which Joe's the consultant lead for. So yes, and it's just to sort of keep it ticking over, really doing a bit of horizon scanning, making sure that we're linking in with national policy. Sort of see the 10 year plan is a big thing that we're looking at now. And yeah, and just supporting the team to deliver a service that I'm really proud

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Marianne Storey 01:41

of. It sounds absolutely fascinating. I can't get wait to kind of get into the detail of that with you about all those incredible things that you're doing, such important work that you're doing. But first, Jo introduce yourself. Tell us who you are and what your day job looks

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Dr Joanna Yilmaz 01:56

like. Hello. So my name is Dr Joanna. Yell now as I'm a consultant clinical psychologist, and I've worked for my entire career in adult mental health, generally in community mental health teams and NHS talking therapies. But I've always had a strong interest in perinatal mental health, and for the last two and a half years, I've been leading the Dorset maternal mental health service, so I work very closely with yagada and with the perinatal team, but the maternal mental health service is a specialist psychology service for women and birthing people in Dorset who have experienced maternity related trauma and or loss. So I work with women who've experienced traumatic births, sometimes sadly, where their baby has died. We work with women who've had recurrent miscarriages, fertility difficulties, still births. And the aim of our service really is to provide specialist talking therapies, psychological therapies, but to fill some of the gaps that were there in existing services. So before maternal mental health services were launched, it was recognised that there were certain groups of women who weren't getting a service with the current service structure. So that's why services like ours have been set up across the country. I work with women, so I work directly, offering one to one therapy. Predominantly, I'd say that the biggest presenting issue we see is traumatic births. And I also work with the maternity services. So we work with midwives. We provide training, supervision and support to midwives and the colleagues working in maternity and we work very closely with other mental health services as well, across Dorset

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Marianne Storey 03:33

Well, I mean, again, very important work that you do just to explain the expression you've both used perinatal mental health. That means, what

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Jagoda Banovic 03:45

for the purpose of our services? It's the period that covers from when a woman becomes pregnant, and in our sort of circumstances, we're going up to caring for that woman and her family up to two and up until the infant's two years of age. We also do pre conceptual work and advice as well, but that's it's that period really, from sort of the birth of the baby up to two. But in terms of the mother, it's the antenatal care from when she's pregnant.

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Marianne Storey 04:13

Okay, so perinatal means anything to do with pregnancy and birthing for the mother, yeah. And so your side of things, jagada, you kind of deal with those mental health and quite serious mental health challenges that some women experience around that time. And Jo, your work is around after birth, generally speaking, supporting mums that have had a difficult time just to, just to sort of understand the difference of your two?

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Dr Joanna Yilmaz 04:41

Yes, I suppose the key differences are, yes, we most of our work is, is postnatal, so sort of after birth. And we do work with women who are pregnant, who may be very afraid or fearful of giving birth, perhaps because they've had a previous difficult experience. And so we do do some work antenatally, the maternal mental. Our service is not limited to that perinatal time period, because it was recognised that some women don't feel able to come forward for talking therapy until their child is a little bit older, until they've perhaps kind of got a bit more headspace or a bit more time to think about themselves. And the perinatal team will also do a lot of work with the mother infant relationship. So I guess that's another key difference. I don't if you want to say more about that, jagada, but it's something the team really, really work with, isn't it?

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Jagoda Banovic 05:27

I think the important thing to add to what you've said, Jo really, because it's something that I'm reminded of when I work sort of nationally with other, other, sort of heads of service and regionally, is that in Dorset, we decided with with support of commissioners who help us to fund and develop services, we decided not to set a time limit on how long after a trauma a woman could come and get support and help, because, I think at The time, we just felt that it was important to appreciate that, as Jo said, that sometimes it's difficult for women to come forward and get the help and support that they need. And so I think that that's a really important difference, but also sort of demonstrates that close working between ourselves and people who commission and fund the services and them supporting us in clinically, sort of making that decision, rather than it coming from a kind of a perspective of funding or policy or frameworks. Because what we wanted to very much do, a bit like you have done, Marianne, with the work that you've done, is to really think about women in Dorset and what their their needs were, and we're a pan Dorset service. So, you know, we're not, we're not just working with women in a certain age group or in a certain area, and that has had its challenges, because you kind of, you don't know the number of women potentially that are going to need that service. But I think Jo and her team have just been incredible these past sort of two, two and a half years at you know, working really hard to try and meet that demand. I mean, that's a

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Marianne Storey 07:11

brilliant segue into my next question, really? I mean, this podcast is about a woman's health programme that we've been doing together for the last nearly two years now, which seems incredible that it's that long ago that we started, but I was determined from the outset that we had women's mental health on the agenda because with my own personal lived experience. But it's just generally speaking, it's not a subject that gets talked about very much. And I wondered whether you got a sense of some frustration around that in the work that you do, but also, do you share the view that this really perhaps could be further up the agenda for women? Yeah, and if so, why you know, what are the sort of challenges that you experience in delivering these services for women that you would want a programme like this to address.

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Jagoda Banovic 08:05

Well, I think we've, we've sort of talked before, haven't we, and I've said that it's interesting how women's mental health it can't, we can't say that. It's ignored. But you know, you've been talking about the different sort of areas and that you kind of looked at in the different work streams, and that women's mental health was kind of in there, in the background, but not at the forefront. And I guess that that is very typical in our experience, and we have to accept that there is a limited amount of money to fund services. But I suppose what Joe and I and everyone that works in the perinatal service in Dorset is is that we want to kind of highlight the challenges for women. And we think it's really important that women's mental health is spoken about, that services are developed and delivered around around them and their and their needs. And I think that it's important that we continue to try and make sure that those voices of those women are heard and listened to. Because one of the things that we know through research and from recent sort of embrace publication is that younger women who have care proceedings involved in their pregnancy are at higher risk of suicide. And that's a really concerning statistic, and that is that's that's not the only reason, but I think for perinatal it's something that we are really minded of concerned about. But then that sort of wider concern around those young women generally about, I suppose, that push and pull in society, at the moment, on them and why it's really important that we do highlight it, shout about it, talk about it, and encourage women to come and forward and get treatment and help. And I think Jo touched on that, didn't she where she was saying that some women come to get support from maternal mental health service quite some time after they've experienced that trauma. So, yeah, I think it is a really important issue.

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Marianne Storey 09:58

I mean, you could. You could argue, and the way I see it is, and I'm sure I'm not alone in this, by the way, you know, when a baby is born, that's the start of a life, and surely the mental health of its parent is the single most important thing that that child then thrives and goes on to contribute to society, becomes a healthy adult. And yet, the health kind of funding, generally, I'm talking kind of nationally here. This isn't necessarily a Dorset problem, but you know, we don't necessarily see our system like that, do we in terms of really prioritising the well being of parents in order that children then have healthy lives? I don't know. What am I? Am I barking up the wrong tree here.

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Dr Joanna Yilmaz 10:41

Joe, no, I think over the last few years, there have been, there has been more money. There has been, you know, certainly, funding for Perinatal Services was increased. It has increased. And I think there has been a greater recognition, really, of exactly what you were saying, that if you want to look after children and promote kind of children the best outcomes for children that looking after the mental health of of their parents, both parents, but particularly, perhaps their mother, is really, really important. I think there's still more to do. I think, you know, as we've said, mental health generally is not spoken about enough. It's not kind of, it's not got the same, you know, the amount of investment and money and research as compared to physical health. So there's still a lot more to do, but I think it there is greater recognition in the world. Certainly, things have improved and services will many services do prioritise parents for for treatment, for appointments during the perinatal period, for example, so that they don't spend a long time waiting when they could be receiving the treatment and support they need whilst their baby is still young. So there have been some changes, but there is always more to

J Jagoda Banovic 11:45

do. And I think that one of the other key initiatives, which is a massive piece of work really sort of changing the way that the local authorities and children's social care work, is the families first Partnership Programme, which I think was a Department for Education, I suppose it sort of is looking back to the Sure Start programmes that we had previously, and just trying to create a kind of a new programme to support families and young, you know, and babies and children, and that early sort of start in life is really important, as we know. And I think that it's really great that Dorset county had adopted the programme really early, and a brilliant colleague of ours, Jill Warren's been sort of working across health and with them to really move that forward. And this year, it was really exciting to hear that because of funding from Department of Health, and certainly where streeting and his, his, his team and his, his department are really keen on on this to be rolled out. Because I think before there was a bit of you could opt in and out of it, but BCP have now also commenced that programme. So that's really exciting to just be able to look at. And you'll know Marianne, you know the family hubs and some of the work that's happening around there. So, you know, starting to try and join some of these services up and working together is really exciting. And, you know, there's work sort of looking at the unborn child, and what do we need to be doing as a system to support that Health Visiting a key in that programme as well. So and midwife. So there is work, as Joe said, and there has been funding. The challenge is always to target it in the right places to get the biggest impact. And you know, a massive system like Dorset, with all the different stakeholders in that. It's quite a piece of work.

M Marianne Storey 13:41

And when you talk about perinatal mental health jagoda, you're not just talking about women who are a bit depressed, are you? You're talking about some really very serious mental health conditions. This is a big deal. So could you just talk a little bit about the kinds of things that some women experience during this time. And also, you mentioned care proceedings, though at some point, if you could just explain what that what that means. But I just think it's really important that people understand that this, this is serious stuff, yeah,

J Jagoda Banovic 14:15

and I think that it's really important to to keep reinforcing that, because I think that over the last sort of 10 years, there's, and this is a bit of a pet sort of thing of mine, as Joel, know, there's been a real muddying of the sort of general mental health and well being and severe mental illness and my anxiety. You know, I've been working in perinatal mental health nearly 15 years now. And I think that my anxiety in the last few years has been that, does the resources start to get switched towards the bigger group of people, which is, you know, people that have mental health challenges, mental health difficulties, away from that severe. Mental illness, which is kind of what Perinatal Services were really that's why they kind of were developed. And so the sorts of conditions that were that we're talking about are things like bipolar disorder, psychosis, severe depression and severe anxiety and OCD. And then with the maternal mental health service, I think Joe, I'm going to let Joe kind of touch on that, because I think she's much better at helping us kind of get an understanding. So they're the sorts of illnesses and conditions that we're that we're talking about, and I think that obviously in the perinatal period, and obviously there's a hormonal component to that, but there's lots of other challenges obviously that happen. There is that risk of women becoming more unwell, of their mental health being sort of destabilised, different reasons. One of them used to be that medics used to advise women to stop medication if they were on it, which, you know, in some cases, that is the correct advice. But actually the medications that we use, and it might be really interesting to have one of our consultant psychiatrists on to discuss this in the future is are safe to use in pregnancy and in breastfeeding, and that's another area of expertise that perinatals develop, but these conditions really impact on a woman's ability to function day. You know that the day activities of daily living, of functioning daily are hugely impacted if those conditions are not are not treated. And you know, there's always that risk benefits around sort of medication, but we have lots of other therapies now that we can, we can use to support those women so and I I'm really sorry if I've forgotten or missed something off there the other I suppose the other thing that we were really kind of starting to try and get a bit more of a better understanding of this neurodiverse women as well families and and just how that impacts on a woman's role as a mother, and her ability to adapt day to day caring for a baby with with some of those challenges. So that's what we're mainly talking about, and obviously is women who've experienced trauma in their past. So that's our business, I guess. But I'm going to hand over to Jo, to hopefully Jo be much better at giving us an insight into what that what that might look like. No pressure then Joe.

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Dr Joanna Yilmaz 17:26

Well, just before I talk about the maternal mental health, specifically, just following on from what yakida was saying, I think what makes the area of perinatal mental health so interesting, but also so complex at times, is that interplay between the kind of biological factors, the kind of the hormonal changes, what happens to a woman's body during pregnancy, and actually how physically unwell people can be during pregnancy, with high parmesis, you know, lots of vomiting, with chronic pelvic pain, for example, all of those kind of physical factors that are going on, but also the huge kind of emotional and personal change of having a baby or having a second or third baby, or having a baby when your previous baby has died, or going through the pregnancy and childbirth, if you've had a history of trauma, of perhaps sexual trauma or medical trauma. And then kind of, as yagada was saying, perhaps there may be neurodiversity or other specific needs, or individual needs that come into play with all of the other things I've mentioned. So it's it can be quite complex, and all of that coming together at such a kind of pivotal moment in somebody's life, having a baby, and then the expectation that that's going to be such a wonderful thing. And of course, it is, but it's also can be a very emotional event, a very upsetting event, distressing event for some people, or just a whole mixture of feelings, some positive, some quite hard to sit with. So I think that's kind of just one of the things that attracts me to this work, really. But also why kind of specialist teams like the perinatal team are so important, because they can bring together a range of professionals from different backgrounds with different expertise, who can then support women and partner as well sometimes. And I

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Jagoda Banovic 19:15

think the other thing that I just wanted to highlight is, and I think you know, having had the experience of being the ward manager for the mother and baby unit many years ago, when I first started working and developing the services, is one of the things that I have found really inspiring is just when women are really struggling, really unwell, feeling like, you know, they're never going to bond with their baby, that they can't look after their baby, what I have seen on the unit and in the community, but when you're on the mother and baby unit, you get a real kind of up close sort of experience of of women who absolutely do everything. That they can to parent their baby well, and the support that they are willing to have from the brilliant team that we've got at Florence house, which is Dorset's mother and baby unit, and trust the team and the team are incredible to always hold the hope for that woman and that baby and that family, and I think that that for me, has been something that has just continued to inspire me and to really want to work as hard as I can and do all that I can to support women and families, because it's such a privilege to be Part of that, that journey of becoming a parent. Yeah, it's something that really moves me. You know, every time I go down onto the ward, it really does. We've just had a really lovely letter from one of the women that was on the unit with her baby, you know, women saying things like, you know, I wouldn't be here if it wasn't for you. You've really helped me to bond with my baby, and I think that that is so powerful. And I think that the narrative so often now is that the NHS is broken, and yes, there's lots of challenges, but there's some absolutely incredible pieces of work happening in Dorset. And I yeah, I just felt I really needed to say that, Maria, so sorry if I've cut across and taking you off on a tangent. I didn't mean to.

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Marianne Storey 21:27

It's not a tangent at all, because actually this is the whole point of this podcast. Is that I just think it's really important that people out there understand that people like you two are working tirelessly every day to improve the NHS, specifically for women we're talking about. But obviously there are lots more other people doing lots of other amazing things, and we don't get the chance to talk about that enough. And you know, we're always talking about the doom and gloom and the lack of money and the waiting times and the terrible experiences people have. And I thought it was about time that we talked about you and what you do. So that really would have been my next question, anyway, in terms of what the kind of challenges are that you get up every day and go to work to try and tackle and what do you actually do? How do people like you? Yaga, you referred to some work that Joe had been doing. Really keen to hear about what that is, what that looks like. How do you go about improving something for women when there are, like you said earlier, yagada, there are a limited amount of resources, and yet you do it anyway. So what are the challenges and how do you go about fixing them? Joe, do you want to start

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Dr Joanna Yilmaz 22:43

it's a big question. When you talk about challenges, are you saying thinking for us as a service, or just generally?

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Marianne Storey 22:50

Yakado referred to some really good work you were doing. So why did you do it? What was the problem

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Jagoda Banovic 22:54

you were trying to solve? I mean, the thing is, is there is a lot to talk

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Dr Joanna Yilmaz 22:57

about, and I think that is a challenge in itself. Is that one of the things that one of the as lots of people who work, probably anyone who works in the NHS and probably other systems too, would know, there's always so many things that you want to do, and there's always so many things, you know, you have a list of your you know, your To Do. List just gets longer and longer of things that you think what we could do something about this, so we could do something about that, or we could improve this. And there's never enough time in in the week or resources to actually tackle all of those things at once. Part of our service, the maternal mental health services that we work really closely with maternity and I suppose, a really good news story that you may have seen in the news is about the the maternity unit at Dorset County Hospital and their recent CQC rating and how well they've done, and how, you know, well

regarded their service is, and so working really closely with maternity and the kind of key role that they play in supporting women through this kind of the pregnancy and birth experience, and that's been a real feature of our work, and something that's really, really important. We're involved younger, referred to some work with social care, and we're involved in a big piece of work at the moment, looking at the pathway for families who have involvement with social care in whatever way that looks but our specific part of that bigger piece of work is developing support for women who've had babies removed from their care. So for women who are at risk of separation from their baby, and sometimes when they're pregnant, concerns are raised about whether they're going to be able to care for that baby appropriately after birth, and they may be separated from their baby, either temporarily or permanently, and that can happen quite quickly after birth, in some cases, And at the moment, or up until recently, there's been a real lack of support for women. They may sometimes babies are removed from the hospital at birth, or they may be placed in foster care or removed temporarily, and then the woman will have to go to court to find out the outcome, whether the baby is going to be returned to their care. Or not, and all the support has tended to follow the baby. So the baby will have a social worker, the baby will have a health visitor, they will have foster carers, they will have adoptive parents or kind of whatever else happens for them in the future. And absolutely rightly, the focus needs to be on the baby's safety and care and making sure that they are given the best chances, and, you know, safeguarding their needs. But then the woman has been overlooked and forgotten. And I say women in a birthing person, there may be another parent around too, but very often it's a woman on her own, and there has not been the support available to them. So we're working on a really exciting pilot project with the maternity services at Dorset County, but also at Bournemouth, at Royal Bournemouth hospital, to pilot the hope boxes. And the hope boxes were initiative developed by women with lived experience, working with the team at Lancaster University. And hope stands for hold on pain eases, and it's like a memory box, but it's more than a Memory Box, really. It's a chance for a woman to work with a trusted professional such as their midwife, to start to use the hope box to create a memory box for them and for their baby, but also it's a way of them processing the trauma of losing their baby and the grief that they feel, hopefully engaging them with other support services to address some of the needs that they may have in that and to hopefully reduce what we aware of is a repetitive cycle where women will get pregnant and unless their difficulties and issues have been addressed with them that They may stand a high chance of having another child removed from their care, which is further trauma for them, and another child ending up in the care system. So this is a kind of really exciting pilot project that it's we're still in the planning stages. It's one of those projects that it grows and grows. There's a lot to do, there's a lot to do. There's lots of elements to it, but what we want to do is to make sure that women who are at risk of separation, or who are separated from their baby through social care proceedings have access to better, compassionate support, which they haven't had up until now.

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Marianne Storey 27:15

I mean, it sounds horribly traumatic, Joe. I mean, what could you just help us understand the kind of reasons that a baby might be removed from?

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Dr Joanna Yilmaz 27:25

Yeah. I mean, there's all sorts of reasons it might be because there's either domestic abuse, domestic violence, or alcohol and drug misuse. It would perhaps be concerns over the baby's safety, whether they may be at risk of neglect, sometimes there may be other people in the in the mother's life who may pose a risk to the baby, and I guess we need to be assured that the baby can be protected, sometimes mental health, although I must stress that you know having a mental health condition is not, you know, in itself, a risk to the baby. And because there is still that stigma out there that if you come forward and seek help for your mental health, somebody might come and, you know, judge your parenting and take your baby away. So, you know, sometimes there are mental health issues combined with other factors such as domestic abuse. Often, these women have histories of quite complex trauma themselves. They perhaps are care experienced themselves. They may have been have brought up in the care system, their kind of models of parenting, the parenting that they've experienced themselves, to kind of give them a role model has often been very inadequate or or damaging. So there's a whole host of factors. And obviously one person's story will be different to somebody else's. But yeah, I think, I think we're kind of really well, I guess what we want to change is that there will be support available for the woman and for her needs, not just looking at the baby's needs.

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Marianne Storey 28:47

And, like you say, the ripple effect of that, if you take care of the mother into wider community and into the future, and the cost of the NHS, you know, it's, it's not just that moment in time, is

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Jagoda Banovic 28:58

it? It's huge. Marianne, you're right, and I think that one of the things that's really important to highlight and to stress is that this is quite a significant point in terms of the policy direction through the long term. Plan was to reframe that removal as a loss and to actually care for that mother and that baby and that family in a much more compassionate way. And at a time when sometimes it feels like there's not a lot of compassion in the world, I think it's really important to highlight that, because it is a bit of a change in the sense of direction that that we're going in. And I think the other thing is that many other areas around the country just decided not to pursue and set up and develop that bit of the pathway that was part of those ambitions. I'm sure that, you know, in time that will change. But you know, despite limited resources, I think it's, you know, real credit to. Jo and her service, that, you know, we really want to do this, and it being picked up by the organisations and supported across sort of Dorset is just really reassuring how much everybody wants this to change for women and for their their children. Because as you, as you said, Marianne, you're quite right. This just doesn't stop at that point. It goes on that trauma and that pain, it goes on lifelong in most cases. And I think the other thing that I just want to add to that is because of this work, and because of the model that we're trying to kind of adopt in Dorset, where we're looking at it from all different angles, I mean, to the point that we're talking to the courts and barristers as well about this, because that is somewhere where perhaps there could be some change as well. We've been invited to be part of the national group that's looking at a framework for this nationally, because it's acknowledged that it needs systemic, structural societal change. And that's really exciting to be able to share what Joe and other people that are part of that steering group, what we've achieved so far in Dorset, to be able to take that and share that with the national team.

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Marianne Storey 31:10

I mean, I think that's such a really good example of where, you know, Dorset is not perfect, but for some reason within the system in Dorset, this really good thing has happened. So you've mentioned it, but you know, I'm sure Joe, you could have woken up in the morning one day and thought, right, I want to go and change this, but you could never have done it alone. So what is it within that Dorset, you know, who else out there is also gunning for women? You know, wanting this to be better and wanting things to improve for them. You mentioned courts and barristers you're gonna but who else gets involved in this stuff?

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Dr Joanna Yilmaz 31:43

Well, the project I just mentioned, I think we really have to credit the safeguarding midwives, both at UHT University Hospitals Dorset, but also at Dorset County Hospital. So, um, so Kerry Medina, like to give a shout out to her, because this was something that she she really wanted to introduce the hope boxes, particularly, and that's something that has been really taken forward within our kind of local maternity and neonatal network. And so her counterpart in Dorset County Hospital, Katrina Katrina Cunningham, so they've been really instrumental in this. But I think it is. It has something that, you know, social services, social care colleagues, Health Visiting, adult mental health colleagues, for those who work in community mental health teams, because they're often working with women and the families further down the line as adults. And so, you know, it's been something that, actually, everyone that we've spoken to about it has been really, really interested, really keen in wanting to see change in this area. So I think it's, it's something that people, you know, different people, the academician, the courts and barristers, they've been aware of this for a long time, and perhaps not been in a position to do much about it. And so they're really keen to see change too. So yeah, it's a really good example of how when you can get people working together across different systems.

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Marianne Storey 33:00

I mean, I've got a sense actually recording a number of these podcasts that there does seem, for some reason, to be a really good appetite in Dorset for people to want to work together to improve things for women. And really get a sense of that. Do you feel that as well?

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Jagoda Banovic 33:14

Yeah, definitely. I think, you know, you have to kind of give credit to some of the women in healthcare in Dorset who were sort of doing this stuff and pioneering before the government, you know, decided to invest in perinatal mental health. You know, our colleague Jo Hartley, who's director of midwifery at Dorchester County Hospital. I mean, she had a specialist mental health midwife that wasn't funded through long term plan money. She just, you know, that money she managed to get that. I think that's the other thing. And, you know, and I don't want to kind of give the impression that it's just kind of women that are, you know, working in this, but predominantly is a, you know, women that are in this space area of work. But there is just that real passion as women, as professionals, but as members of the public whose families are going to be looked after and cared for. You know, there's that real passion to change and improve things, and I think this particular pathway around loss through maternal separation, as I'm sure it will do, as it starts to sort of gather a bit of momentum, people have really become very emotionally invested in this, because, you know, who wants to be a social worker in a court that's there the day that someone's told that their baby's not going home with them? Obviously, women experience horrendous trauma around that, but staff are really traumatised as well. And I think there's a real passion and optimism, because we just think we can do this better. And it might be that it's the same in other areas, I don't know, but certainly in Dorset, there is definitely that passion and that OPT. Ism and that coming together to really try and change some of this for the better,

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Marianne Storey 35:05

really, I have to say you have done such a brilliant job today at providing me with segues into my next questions. I swear I haven't paid you in advance. It is. It is very impressive. My final question to you was going to be about the future, and what does that look like? And is there reason for hope? I mean, it sounds to me like there is with you know, people like you working on these things, both of you. I mean, does the future look bright for women and mental health? Are we going to see a sea change?

J

Jagoda Banovic 35:35

I think I am always optimistic, and I accept every day that you've got to make choices. You've got to make difficult decisions about the service, how it functions, how it operates, because we are in, you know, unprecedented, challenged times. And the thing is, that's not just about the money and finance. You know, that is just about society. I think post covid, we are in a very different world, and globally, what's happening as well. And I think that we just have to be mindful that the challenges are massive. You know? I think we really have to kind of appreciate that. But I think that every day, when I come to work with my colleagues, I meet women and families that we care for. I, you know, I get emails from women that we cared for 510, years ago, just giving us updates on what's going on. And that is the thing I think, that that really drives me, and I am optimistic, because I think in Dorset, we've been really fortunate that, firstly, I think people want to come and work in this service. And so we've got brilliant clinicians like Jo and her service and the other professionals that we've got. We've got a brilliant perinatal consultant, Dr Cresta Manning, who is just really passionate and drives that, you know, with us, and I think sometimes I feel I really need that. So I am, I am optimistic, because I think we've got some brilliant clinicians. I think our organisation, Dorset HealthCare, really supports this piece of work and really supports the service. Dawn Dawson, who's our exec, has always championed this and has been brilliant. At times when I felt it's getting really difficult, I've been able to talk to dawn and get that support. So I am optimistic, and like I said, fundamentally, it's seeing how women move heaven and earth to do everything that they can to care for their baby despite adversity, not just mental illness, but other things that are going on as well. So, yeah, I am very optimistic.

M

Marianne Storey 37:48

Yeah. I mean, it seems like there are also people in the NHS who are willing to move heaven and earth in order to help women move heaven and earth for their babies. I mean, and that's, that's, that's so good to hear. Joe, do you want to what would you like to add?

D

Dr Joanna Yilmaz 38:01

I think I'm also optimistic. I think I mean, the NHS as a system has its challenges, and there's never enough money. There's never there's never been the message at the moment is that there's not enough money. But I don't think there's ever been a time where the message has been there is plenty of money. So I think that is an ongoing challenge, and will always be an ongoing challenge, is that you don't have quite the resources to do what you want to do, or to there's always something that you'd like to do that you're not able to quite do. But I am optimistic. I think we haven't got into the discussion around this issue in this podcast, but yeah, everybody will be aware that there is a government review going on into maternity services. At the moment, it'd be interesting to see what the outcome of that is. I think we are relatively lucky in Dorset with some excellent maternity colleagues and some excellent maternity services. But there's always learning. There's always things that can be learned and can be developed and can be improved. So it'd be interesting to see what the outcome of that is and what the learning is, or the changes are that we will need to take forward, endorse it. Ultimately, I would like to see referrals to us or to serve us for birth trauma to go down because people are having better experiences of birth at the moment, I suspect that the referrals will go up for an hour because there's kind of historical unmet need, but I would like to see them go down in future, not because people don't want to come forward, but because they don't need to come forward in the same numbers. But we will always, will always be experiences of loss, sadly, and so, you know, we are here for those women, and we also have a big role to play, I think, in working collaboratively with midwives and other maternity colleagues in terms of kind of training and support for them to do the the best job that they they want to do and they can do. So, yeah, I am

M

Marianne Storey 39:53

optimistic. Well, that is fantastic to hear, and what a great point to end on. I can't thank you enough. You two for such a fascinating conversation. It's been such a pleasure to have you both here. You're I think we could have kept talking for another hour, but you've both got extremely busy jobs to do, so I'm increasingly feeling guilty about keeping you here any longer. So huge. Thanks to you both. It's been a real treat, and thank you for all the work that you're doing on behalf of women in Dorset,

D

Dr Joanna Yilmaz 40:22

thank you for inviting us. Yeah. Thank you, Mary. Very welcome. You.