# Agenda – Children, Young People and Education Committee

Meeting Venue:
**Committee Room 1 – Senedd**
Meeting date: Thursday, 6 July 2017
Meeting time: 09.30

For further information contact:
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**Pre-meeting** (09.15 – 09.30)

## 1 Introductions, apologies, substitutions and declarations of interest

(09.30)

## 2 Inquiry into Perinatal Mental Health – Evidence session 8

(09.30 – 10.25) (Pages 1 – 59)

Local Health Boards

Betsi Cadwaladr University Health Board
Jon Morris, Service Manager for Perinatal and Liaison Psychiatry
Dr Annemarie Schmidt, Consultant Psychiatrist
Sharn Jones, Head Of Women's Outpatient Services

Powys Teaching Health Board
Carol Shillabeer, Chief Executive
Helen James, Head of Children's Public Health Nursing and Paediatric Services

Research Brief

CYPE(5)-21-17 – Paper 1 – Betsi Cadwaladr University Health Baord

CYPE(5)-21-17 – Paper 2 – Powys Teaching Health Board

## 3 Inquiry into Perinatal Mental Health - Evidence session 9

(10.25 - 11.15) (Pages 60 - 72)

The British Psychological Society

Dwynwen Myers, Psychologist lead – Betsi Cadwaladr University Health Board

CYPE(5)-21-17 - Paper 3 - The British Psychological Society

**Break** (11.15 - 11.30)

## 4 Inquiry into Perinatal Mental Health - Evidence session 10

(11.30 - 12.25) (Pages 73 - 80)

Charlotte Harding, Founder and Chair of Perinatal Mental Health Cymru
Barbara Cunningham, Trustee of Perinatal Mental Health Cymru
Dr Jess Heron, Director - Action on Postpartum Psychosis
Sally Wilson, Volunteer - Action on Postpartum Psychosis
Sarah Deardon, Volunteer - Action on Postpartum Psychosis

CYPE(5)-21-17 - Paper 4 - Perinatal Mental Health Cymru
CYPE(4)-21-17 - Paper 5 - Action on Postpartum Psychosis

## 5 Paper(s) to note

**Letter from the Cabinet Secretary for Education following the meeting on 14 June**

(Pages 81 - 82)

CYPE(5)-21-17 - Paper 6 - to note

**Letter to the Cabinet Secretary for Education on Community Focussed Schools**

(Pages 83 - 84)

CYPE(5)-21-17 - Paper 7 - to note

6 **Motion under Standing Order 17.42(ix) to resolve to exclude the public from the meeting for remainder of the meeting.**

7 **Inquiry into Teachers' Professional Learning and Development - Consideration of Approach**

(12.25 - 12.40) (Pages 85 - 91)

CYPE(5)-21-17 - Paper 8 - private

# Agenda Item 2

Document is Restricted

| Statement 1 |
| --- |
| **The Committee is keen to hear how services link together under the umbrella of Perinatal Mental Health, including specialised perinatal mental health services, maternity services, general adult mental health services, inpatient mother and baby units, parent and infant mental health services, health visiting, clinical psychology, and midwifery services, GPs and the extended primary care team, role of the third sector and local support groups, and private providers of services**<br><br>**It is specifically seeking evidence on:**<br><br>**The Welsh Government's approach to perinatal mental health, with a specific focus on accountability and the funding of perinatal mental health services covering prevention, detection and management of perinatal mental health problems. This will include whether resources are used to the best effect.** |
| **Comments**<br><br>Perinatal mental illnesses are common and affect at least 10% and up to 20% of women. Providing good perinatal mental health services saves lives, but also prevents long term harm to women, their families and children.<br><br>The Health Board (HB) is committed to working in partnership to improve outcomes for children and families and is currently prioritising work on the first 1000 days of life pathway and the prevention and mitigation of Adverse Childhood Experiences ACES. These are explicit priorities within our planning and strategy work. The HB is part of the Cymru Well Wales 1000 days collaborative, with a pathfinder project ongoing in Wrexham. As part of this strong focus on the early years, perinatal mental health is a priority with clear actions within the Health Board's Operational plan for 2017-2018.<br><br>Following additional funding from Welsh Government, the Health Board is currently setting up a new perinatal mental health |

team. Links between services are being strengthened under the leadership of the BCUHB Perinatal Mental Health Steering Group. The group has representation from the all the relevant key stakeholders including primary care, Women's services, children's services, adult mental health services, CAMHS and public health. Guidance and referral processes for the new service are being developed

The new specialist team will ensure: :

- Clear clinical pathways in place and improved access to services
- Universal promotion of mental wellbeing by all services involved in the care of pregnant women and their families
- Support and training for frontline staff
- Co-ordinated care for expectant mothers and their families and integrated working with social services under the Social Services & Wellbeing Act (2014)
- Co-ordinated third sector commissioning for community-based interventions

The new Perinatal Mental Health Service is establishing links with specialist CAMHS services across North Wales to explore opportunities for joint working with infants where significant need is identified. Targeting infants of parents with mental health problems, in particular where there are identified attachment problems, is a priority for prevention of later mental health difficulties.

**Statement2**

**The pattern of inpatient care for mothers with severe mental illness who require admission to hospital across both specialist mother and baby units (designated mother and baby units in England) and other inpatient settings in Wales. (Since 2013, there has not been a mother and baby unit in Wales).**

**Comments**

A referral to a mother and baby unit a long distance from home brings considerable family stresses from the travel required which can only add to distress at an already extremely difficult time. There are also other considerations for Welsh families accessing services in units outside Wales such as language for Welsh speaking patients.

Consideration should be given to establishing Specialist Clinical Networks for Perinatal Mental Health in the same way they are provided for other aspects of maternity care such as cardiac, liver, feto maternal unit (FMU) and neurology. The Health Board feel it would be timely to review the provision of tertiary level care and the existing perinatal mental health clinical networks for Welsh families in relation to volume, outcome, demand and need for this service currently.

**Statement 3**

**The level of specialist community perinatal mental health provision that exists in each Health Board in Wales and whether services meet national standards.**

**Comments**

The new perinatal mental health service is being set up in line with national standards and guidance. Some of the current standards may be challenging for the new service to meet such as the RCOG recommendation of rapid access to psychological care within 4 weeks of referral, given current levels of demand and wide geography of NW. The service will be audited on an ongoing basis to assess performance against national standards and highlight areas for improvement

The majority of perinatal mental health issues experienced by mothers are classed as mild to moderate. There will also be a need to be a focus on women and families who don't meet thresholds for referral to the new service but who are experiencing perinatal mental health issues or struggling with low mood following the birth of a child. The current work

within the Health Board is looking at this as part of the first 1000 days pathway to ensure optimum outcomes for *all* children and families and there is a strong awareness within the HB of the impact of ACE's. Working in partnership with the third sector and looking at their role in supporting families is also a key aspect of this.

**Statement 4**

**The current clinical care pathway and whether current primary care services respond in a timely manner to meet the emotional well-being and mental health needs? Of mothers, fathers and the wider family during pregnancy and the first year of a baby's life.**

**Comments**

Primary care teams have a key role in identifying and supporting women with perinatal mental health issues. The majority of mental health issues before, during and after pregnancy will be managed within primary care and not by specialist mental health teams. They have a key role is supporting the development of care plans for women with existing mental health issues and advising on appropriate prescribing in pregnancy and breastfeeding. They also have a key role in identifying issues and offering support to women attending for routine preconception, antenatal and postnatal checks in primary care and in working as part of the multi disciplinary team supporting women and families.

The link between the new perinatal mental health team and primary care teams will be key. Current and new clinical pathways being developed need to reflect this important interface. Good communication between GP's and the wider primary care team such as health visitors, community midwives and community mental health teams is also key part of any perinatal mental health strategy and pathway. Reviews of maternal deaths have shown repeatedly the vital importance of effective and timely communication between health professionals

It would be helpful to have a platform for engagement with GPs at national, regional and local levels on perinatal mental

health. The Royal College of General Practitioners (RCGP) has developed an excellent toolkit for perinatal mental health (see appendix1)

The implementation of the Healthy Child Wales Programme increases the universal contacts offered to parents from Health Visiting Services. Assessment of mental health and providing support to families will be an important part of the HCP programme.

Embedding pathways for routine pregnancy testing carried out by GPs (and/or community pharmacists) could provide an opportunity to screen for mental ill-health risk and provide appropriate care from the very start of the pregnancy (as well as timely access to other pregnancy care).

**Statement 5**

**Consideration of how well perinatal mental healthcare is integrated, covering antenatal education and preconception advice, training for health professionals, equitable and timely access to psychological help for mild to moderate depression and anxiety disorders, and access to third sector and bereavement support.**

**Comments**

All health visiting teams have been provided with one day training from MIND Cymru. In addition to this training, some Health Visitors have undertaken additional training in Maternal Infant Mental Health, with these staff providing additional support to colleagues.

The new perinatal mental health team will also have an important role to support training for key staff groups and act as an expert resource.

The Families Together Perinatal Support Service has been established in North Wales, delivered by Family Action, a third sector organisation. This project aims to provide families with personalised support to overcome challenges. This service is linked in with Health Visiting services and families are being routinely referred in.

The Health Board feel that the following are potential areas for further investment and development:

- Maximising opportunities pre-conceptually during planned and opportunistic contacts.
- Training is needed for wider professional groups to raise the profile of perinatal mental health, it's prevalence, implications and how to recognise it and signpost
- The third sector have a key role and often support women with post-natal depression and anxiety, Post Traumatic Stress Disorder (PTSD) and those who have suffered bereavement. These groups are valuable sources of support and can be an important part of the care pathway for families.
- Campaigns to raise awareness at the population level may have value and could link to much of the current and high profile work ongoing to reduce stigma of mental health issues and to encourage more openness and communication within families and communities. Women with perinatal mental health issues often feel particularly vulnerable about disclosing how they are feeling in case there is judgment in relation to parenting. Diagnosis is often delayed for these reasons.

**Statement 6**

**Whether services reflect the importance of supporting mothers to bond and develop healthy attachment with her baby during and after pregnancy, including breastfeeding support.**

**Comments**

There has been a strong focus on infant and early years mental health work across North Wales: significant progress was made following a piece of joint work between specialist CAMHS and the Public Health Directorate in North Wales. Eleven

recommendations were prioritised and ratified in February 2016 for implementation. (Appendix 2)

It would be useful if recent evidence on the prevalence and effects of Adverse Childhood Experiences (ACEs) could help to bring more prominence to the importance of preventing and mitigating perinatal mental ill-health, and also mental ill-health in the wider family. Mental ill-health in the household is one of the recognised ACEs and maternal depression is the biggest risk to early attachment and all aspects of child development especially speech and language.

The Health Board is working to UNICEF BFI guidelines, which support immediate undisturbed skin-to-skin contact after birth to strengthen bonding and promote breastfeeding initiation. UNICEF accreditation has been achieved at the highest level and work is ongoing to ensure continuous quality improvement in relation to key aspects such as skin to skin audits. An infant feeding strategy is also under development which will have a strong focus on nurturing, attachment and early brain development through skin to skin contact and supporting early responsive parenting for all parents. The strategy is intended to link breastfeeding support, early attachment and positive mental health and well being.

Wales like the rest of the UK, has some of the lowest breastfeeding rates in the world and these have not changed significantly in more than a decade despite our best efforts. Women who want to breastfeed and who do not end up breastfeeding have approximately double the risk of Perinatal Mental Health Problems. In North Wales, we consistently see a high drop off in Breastfeeding in the first 10 days. There is a link with this pattern and Perinatal Mental Health - both in terms of the negative impacts on the continuation of breastfeeding for women experiencing mental health issues and the increased risk in mental health issues arising for women who want to continue breastfeeding but aren't able to through lack of early support or other reasons. (Appendix 3 – article on link between breastfeeding and mental health/well being)

There is a general need to address prescribing in lactation within primary care as mothers experiencing Perinatal Mental Health issues regularly report that they have been told to stop breastfeeding in order to take medication.

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**Statement 7**
**The extent to which health inequalities can be addressed in developing future services.**

**Comments**

Poor mental health is strongly linked to inequality both as a cause and consequence.
Loving, secure and reliable relationships with parents, foster a child's emotional and mental wellbeing, capacity to form and maintain positive relationships with others, language and brain development, and ability to learn. Providing universal services is key to tackling inequalities with an understanding that enhanced provision is required to support populations in greater need.

The full Implementation of the Healthy Child Wales programme will enable a universal offer of services with additional service provision if required following assessment of need. There are challenges in relation to recruitment of health visiting staff but the HB is committed to full implementation of the HCP. Health services which routinely engage with families are well placed to identify emerging issues and coordinate care. Identification and early intervention is key.

In addition to the implementation of the Healthy Child Programme in North Wales the following is planned:

- Access to ongoing training for Health Visiting services
- Specialist CAMHS teams to promote the Five Ways to Wellbeing, working in partnership with Local Authorities and Third Sector colleagues
- Promotion of the same and consistent messages across all service areas – universal health visiting, perinatal mental health services, adult mental health services and specialist CAMHS.

The public health directorate have recently led on the development of a successful social media campaign targeting young girls. *Dream Big* aims to raise aspiration and provide advice on well being and emotional health for young girls. Equipping

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| young people to be emotionally resilient and prepared for parenthood will help to improve mental health and well being and improve outcomes in the long term<br><br>http://www.dreambig.wales/ |
| **Responses in person to the panel**<br><br>**Names of staff members identified as willing to provide evidence in person**<br><br>Please contact us if this is required and staff will be identified |

## Appendix 1

### RCPG toolkit for Perinatal Mental Health

http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx

### Tools to Promote Well Being

http://www.bftalliance.co.uk/wp-content/uploads/2014/02/wellbeing-plan-with-NICE-and-RCGP.pdf

https://www.rcog.org.uk/globalassets/documents/guidelines/best-practice-papers/best-practice-paper-1---postpartum-family-planning.pdf

https://www.rcog.org.uk/globalassets/documents/guidelines/working-party-reports/maternitystandards.pdf

The charity Pause http://www.pause.org.uk/ specifically looks at improving the lives of women subject to serial high risk pregnancy & serial child removal proceedings to break the cycle.

## Appendix 2

Infant and early years mental health work is in development across North Wales. Significant progress was made following a piece of joint work between specialist CAMHS and the Public Health Team in North Wales. Eleven recommendations were prioritised and ratified in February 2016 for implementation.

Approved at Emotional Health and Well-being Service Board February 2016

### Specialist CAMHS and the Early Years (children aged 0 – 7 years)



Current provision remains highly variable across North Wales for children in the early years. Public Health Wales led a working group in 2014 which completed an emotional health and wellbeing needs assessment focused on the early years. These findings led to the recommendations below. A draft summary report was presented to Service Board December 2014, final report available August 2015. Eight themes in total were identified, these are collapsed into three broad themes for the purpose of developing next steps in specialist CAMHS

- Supporting parental mental well being including supporting parent-child interaction and attachment
- Prevention and early intervention including recognising and responding to circumstances that increase vulnerability
- Provision of specialist CAMHS interventions including advice and support to staff working in front line/tier 1 community services

### Recommendation

That the Emotional Health and Wellbeing Service Board considers and supports the following recommendations for implementation in specialist CAMHS – further details are outlined in table 1 below and in the attached final needs assessment document:

1. Identify specialist CAMHS practitioner capacity in all teams to focus on early years and ensure that assessment and intervention in primary and secondary care is routinely available to children age 0-7 years who meet criteria and threshold via SPoA
2. Deliver information and skills training for the early years workforce and support implementation fidelity through professional consultation and supervision
3. Ensure skills are in place to deliver evidence based interventions to children age 0-7 years with more severe difficulties
    a. Behavioural analysis skills
    b. Incredible Years basic programme and baby and toddler programme add on days (group programmes covering 0-7 ages)
    c. EPaS-2 (2014) (individual behavioural programme)
    d. Video Interaction Guidance (VIG)
    e. Fun Friends and Adult Resilience programmes from the Friends suite of interventions to prevent anxiety

4. Identify a minimum of 2-3 specialist CAMHS practitioners per area who will train to supervisor and mentor/coach/trainer levels and maintain this capacity over time in each of the above modalities - behaviour analysis, Incredible Years, EPaS-2, VIG, Friends
5. Define clear pathways from universal services into specialist CAMHS for behavioural, feeding, toileting and sleep problems and equip specialist CAMHS practitioners with skills to deliver directly to those with moderate to severe level difficulties
6. Ensure that clinical leads in each area lead the implementation of emotional and mental health interventions for children looked after
7. Progress integration of child health psychology services across North Wales teams
8. Recruit a Child Psychotherapist and define a work plan

9. Identify age appropriate books and information for young children and parents and ensure available through website and local teams
10. Ensure that the emotional and mental health priorities for key universal services – health visiting, school nursing and midwifery are agreed and implemented and clinical leadership links to multi-agency steering groups in Education are in place
11. Ensure all early years developments are closely linked to the North Wales peri-natal mental health pathway and adult mental health



**Table 1: Specialist CAMHS and the Early Years**

| No | Key findings by Theme | What is needed? (Public Health Wales led working group) | What needs doing in Specialist CAMHS? | R/A/G |
|---|---|---|---|---|
| 3.1 | **Supporting parental mental health and wellbeing**<br><br>**Supporting parent-child interaction and attachment** | a) adopting 5 ways to wellbeing as means of engaging staff and parents in discussion about helpful ways to look after own mental health and wellbeing recognising that detecting and intervening with early stage emotional health difficulties is important | 1. Adopt and maintain 5 ways with specialist CAMHS staff, universal health professionals including GPs and especially Midwives and Health Visitors and with staff teaching the foundation phase in education settings<br>2. Teach parents about the 5 ways during pregnancy<br>3. Agree the universal mental health promotion role and priorities for Midwives, Health Visitors and School Nurses | |

| No | Key findings by Theme | What is needed? (Public Health Wales led working group) | What needs doing in Specialist CAMHS? | R/A/G |
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| | | b) Ensuring that AMH service providers recognise that many of the people they support are parents and may need specific support for their parenting role in addition to treatment for their mental health | 1. Engage in discussion and planning of new perinatal mental health services for North Wales<br>2. Ensure early years and perinatal pathways and interventions are joined up and integrated<br>3. Build close working relationships with colleagues in adult mental health services to promote joint working with parents<br>4. Consider targeting specific groups of parents for early help e.g. parents known to have mental health problems, disability, social isolation and parents who are young | |
| | | c) Providing consistent advice to all parents on the importance of positive interaction, play, talking and reading with infants and toddlers | 1. Identify practitioners in each specialist CAMHS team to work with children age 0-7 years<br>2. Train identified specialist CAMHS staff in EPaS-2 (2014) – a targeted behavioural programme for parents delivered on an individual basis via home visiting. Based on social learning theory and the Incredible Years programmes EPaS-2 follows a series of structured evidence based sessions<br>3. Train a minimum of two specialist CAMHS staff per area to be EPaS-2 trainers to train and support | |

| No | Key findings by Theme | What is needed? (Public Health Wales led working group) | What needs doing in Specialist CAMHS? | R/A/G |
|---|---|---|---|---|
| | | | others – the programme can be delivered by trained and supervised Health Visitors and Family Workers<br>4. Train all Health Visitors in EPaS-2<br>5. Identify and train additional multi-agency professionals in roles suitable for delivery of EPaS-2<br>6. Support implementation fidelity through professional consultation and supervision | |
| | | d) Ensuring that all parenting programmes<br>• Have robust evidence base<br>• Are implemented appropriately with support and supervision for staff delivering them<br>• Use valid and consistent measures to demonstrate outcomes | 1. Work with local universal services and Local Authority multi-agency parenting strategies to agree clear pathways for parenting<br>2. Joint delivery and supervision of agreed multi-agency evidence based programmes (home visiting and group)<br>3. Support use of consistent evidence based outcome measures across partnerships – where relevant and appropriate support partnership in delivering training in outcomes and evaluation<br>4. Support implementation fidelity through professional consultation and supervision | |

| No | Key findings by Theme | What is needed? (Public Health Wales led working group) | What needs doing in Specialist CAMHS? | R/A/G |
|---|---|---|---|---|
| | | e) Develop the capacity of universal services to identify vulnerable infants children and parents | 1. Consider adopting a useable observation based screening tool in universal services to more objectively measure parent-child relationships<br>2. Support universal services through Specialist CAMHS SPoA and professional consultation<br>3. Ensure criteria and thresholds for assessment of children 0-7 years are consistently applied in all teams<br>4. Contribute to multi-agency training on emotional health and well being in the early years | |
| | | e) Intervene where appropriate to promote secure attachment and positive care giving | 1. Advise on/deliver basic training in normal development and secure attachment<br>2. Deliver EPaS-2 to targeted professionals who will have capacity to deliver the programme<br>3. Support universal services to promote secure attachment and positive care giving for all parents | |
| | | e) Refer to specialist services to support the development of parent child relationship when necessary | 1. Using video interaction guidance as main one to one clinical intervention, develop a stepped pathway into specialist CAMHS for working with parent-child relationship | |

| No | Key findings by Theme | What is needed? (Public Health Wales led working group) | What needs doing in Specialist CAMHS? | R/A/G |
|---|---|---|---|---|
| | | | 2. Develop clear pathways for 0-7 years *into* specialist CAMHS SPoA – what to do, what to look for and when to refer in<br>3. Develop clear pathway for 0-7 years *from* SPoA into specific interventions<br>4. Ensure all levels of intervention are available in team/area | |
| 3.2 | **Prevention and early intervention**<br><br>**Recognising and responding to circumstances that increase vulnerability** | f) Ensuring that parental mental ill health does not adversely affect parent-child relationship and attachment | 1. Develop close working relationships with local AMH teams as well as with universal services – carry out shared SPoA activities to develop relationships and identify parents who are vulnerable<br>2. Agree clear protocol for joint working across adult and child mental health services (see maternal mental health guideline 2014)<br>3. Recruit Child Psychotherapist and agree programme of work | |
| | | g) Health Visitors, School Nurses and the Early Years workforce are able to support parents ability to | 1. Support implementation through Specialist CAMHS SPoA, and individual and group based consultation<br>2. Deliver targeted and clinical interventions as required | |

| No | Key findings by Theme | What is needed? (Public Health Wales led working group) | What needs doing in Specialist CAMHS? | R/A/G |
|---|---|---|---|---|
| | | attend to emotional health needs of young children and identify and respond effectively to factors that may pose a risk to child's emotional health and wellbeing | | |
| | | h) Provide effective interventions for behavioural, feeding, toileting and sleep problems in very young children through Tier 1 services with input from specialist CAMHS and other practitioners where appropriate | 1. Develop clear pathways for 0-7 years *into* specialist CAMHS SPoA – what to do and what to look for in behavioural, feeding, toileting and sleep and when to refer in<br>2. Develop clear pathway for 0-7 years *from* SPoA into specific targeted and clinical interventions<br>3. Ensure interventions are available in team/area | |
| | | i) Access to specialist CAMHS practitioners for children and young people with chronic and/or life | 1. Progress the integration of CHP into specialist CAMHS across all teams<br>2. Clear protocol and pathway for wards/out patients<br>3. Define criteria and thresholds of non-specialist | |

| No | Key findings by Theme | What is needed? (Public Health Wales led working group) | What needs doing in Specialist CAMHS? | R/A/G |
|---|---|---|---|---|
| | | limiting conditions (cancer, Type 1 diabetes, cystic fibrosis, epilepsy) as part of on-going care | CAMHS elements of child health psychology work and roll out | |
| | | j) Offering classroom based emotional learning and problem solving programmes to children aged 3-7years where classroom populations have a high proportion of children identified as at risk of developing CD or ODD - develop clear protocols to identify classes at high risk and multi-agency care pathways | 1. Ensure the right people are on local multi-agency strategic groups with Education in each Local Authority area<br>2. Ensure all are clear on recommended evidence based programmes<br>3. Link recommendations to Together for Children and Young People work streams | |
| | | k) Use video interaction guidance where appropriate to improve maternal sensitivity and mother- | 1. Train all specialist CAMHS early years practitioners in VIG in each team<br>2. Establish supervision requirements in each area<br>3. Train 2-3 to supervisor level VIG in each area | |

| No | Key findings by Theme | What is needed? (Public Health Wales led working group) | What needs doing in Specialist CAMHS? | R/A/G |
|---|---|---|---|---|
| | | infant attachment | | |
| | | l) Use parental self help interventions (books/audio/TV/web) to improve child behaviour | 1. Roll out new Better with Books scheme across all areas<br>2. Develop Mental Health Matters website/recommend others<br>3. Ensure evidence based materials are on the site with links to local and national information | |
| 3.3 | **Provision of specialist CAMHS interventions**<br><br>**Advice and support to staff working in Tier 1 services** | m) Timely access to address attachment difficulties developmental trauma and provision of emotional support/mental health services for children looked after | 1. Launch maintain and develop specialist CAMHS SPoA in each team<br>2. Agree and roll out consistent model for children looked after – foundation training, professional consultation, mental health assessment and intervention for parent/carer group work<br>3. Agree whether to introduce mental health screening at annual health check for all CLA – increase early detection and targeting | |
| | | m) If no specialist CAMHS practitioner CAMHS teams should identify a lead professional (i.e. Clinical | 1. Establish clear lead role in Clinical Leads in each area | |

| No | Key findings by Theme | What is needed? (Public Health Wales led working group) | What needs doing in Specialist CAMHS? | R/A/G |
|---|---|---|---|---|
| | | Lead) to help responsible authorities to carry out duties in addressing emotional and mental health needs of children looked after | | |
| | | n) Alerting health and social care professionals in primary care, education and community settings to possible anxiety disorders in children | 1. Develop and deliver training for front line professionals in recognising anxiety in young children – early detection and role appropriate interventions focus of training<br>2. Develop clear pathway *into* specialist CAMHS SPoA for 0-7 years with early signs of anxiety – what to do, what to look for and when to refer in<br>3. Develop clear pathway *from* SPoA into specific targeted and clinical interventions<br>4. Build local capacity for the delivery of 'Fun Friends' prevention of anxiety intervention and maintain minimum 2 trainers per area<br>5. Define annual programme of 'Friends' training and programme delivery including on-going support to Tier 1 staff | |

| No | Key findings by Theme | What is needed? (Public Health Wales led working group) | What needs doing in Specialist CAMHS? | R/A/G |
|---|---|---|---|---|
| | | | | |
| | | n) Specialist CAMHS should contribute to the assessment of children and their parents and deliver effective interventions directed at both parent and child | 1. Specialist CAMHS routine assessment and primary and secondary care intervention for 0-7 years in all teams | |
| | | o) Children with depression should have diagnosis confirmed and recorded | 1. Local specialist CAMHS teams – training and implementation of NICE guideline | |
| | | o) If depression is moderate or severe specialist CAMHS staff should manage the intervention | 1. Specialist CAMHS SpoA in all areas with implementation of clear access and eligibility criteria in each team<br>2. Routine use of standardised tools [MFQ] in all teams to determine level of depression<br>3. Manage in primary care if mild to moderate, specialist team if moderate to severe<br>4. Ensure training and professional consultation adheres to these principles in practice | |
| | | o) Children should be given | 1. Implementation of NICE clinical guideline | |

| No | Key findings by Theme | What is needed? (Public Health Wales led working group) | What needs doing in Specialist CAMHS? | R/A/G |
|---|---|---|---|---|
| | | age appropriate information about their condition | 2. Ensure information tailored to 0-7 years is easily available in all teams | |
| | | p) sleep difficulties in children with a learning disability and/or autism should be actively screened for and evidence based sleep programmes should be implemented | 1. Sleep work stream recommendations for specialist CAMHS and neuro-developmental service to be adopted | |
| | | q) following a diagnosis of ADHD in their child all parents should be provided with relevant information evidence based self instruction manuals and other materials based on positive parenting and behavioural techniques | 1. Local specialist CAMHS teams and neuro-developmental service implement NICE guideline<br>2. Ensure all specialist practitioners are trained in Incredible Years toddler and basic programmes and deliver rolling group programme<br>3. Ensure all specialist practitioners working in ADHD intervention are trained in New Forest Parenting programme<br>4. Ensure supervision arrangements are in place for both programmes | |
| | | p) For children with more severe behavioural | 1. Fully adopt toddler and basic Incredible Years programmes in specialist CAMHS and deliver rolling | |

| No | Key findings by Theme | What is needed? (Public Health Wales led working group) | What needs doing in Specialist CAMHS? | R/A/G |
|---|---|---|---|---|
| | | problems / conduct disorders the provision of group programmes to support parents and carers is recommended. Only when parents are unable to participate in groups should one to one parenting support be offered | programmes for 0-7 years<br>2. Ensure and define links to local Incredible Years Programmes<br>3. Ensure all specialist practitioners working with 0-7 years are trained in Incredible Years and deliver rolling programmes and work towards accreditation<br>4. Ensure minimum 2/3 per area are trained to supervisor level and implement supervision across multi-agency network to increase programme fidelity | |
| | | r) Increasing specialist CAMHS involvement in multi-disciplinary teams including community child health and paediatric services that provide services for children with behaviour problems, | 1. Ensure communication about specialist CAMHS SPoA in all areas<br>2. Job plans to ensure regular links in place with specific service areas where specialist input is indicated | |

| No | Key findings by Theme | What is needed? (Public Health Wales led working group) | What needs doing in Specialist CAMHS? | R/A/G |
|---|---|---|---|---|
| | | conduct disorder, ADHD, learning disability or autism to provide assessment and treatment of possible psychiatric co-morbidities and to ensure evidence-based interventions. Where indicated parents/carers should also be assessed | | |

## Appendix 3 Breastfeeding

Link to a recent article by Kathleen Kendall-Tackett (acknowledged expert in this field) regarding the protective effect that Breast Feeding has on Mental Health both in mothers & their children

https://womenshealthtoday.blog/2017/02/17/neuroscience-shows-breastfeeding-is-not-just-milk/

**National Assembly for Wales: Children, Young People and Education Committee**

**Inquiry into Perinatal Mental Health - June 2017**

This brief aims to respond directly to the Committees Terms of Reference for the Inquiry. Additional information is provided at the end which is hopefully helpful.

1. ***The Welsh Government's approach to perinatal mental health, with a specific focus on accountability and the funding of perinatal mental health services covering prevention, detection and management of perinatal mental health problems. This will include whether resources are used to the best effect.***

Powys Teaching Health Board provides maternity care and health visitor support to 1200 women per annum. Local data suggests that 18% of women have experienced or are experiencing mild to moderate mental health issues with <1% identifying as having major mental health illness at booking.

The additional funding allocated by Welsh Government to each health board for the development of perinatal mental health services, was based upon births. Given the relatively small birth rate in Powys, this allocation required the health board to seek imaginatively to provide a service across what is in effect a quarter of the landmass of Wales with only 4% of the population. A model which focuses on prevention and early identification, with women and their families receiving the early community support. Our service is home and community focused with the provision of care being tailored to the unique needs of every woman. This way of working has enabled us to focus on our strengths in Powys, which are ultimately about having smaller teams with close working relationships whilst having a strong community focus.

A perinatal mental health steering group, established in 2014, has been leading on the development of these services locally. The perinatal mental health steering group has successfully brought together a multi-disciplinary

team including 3rd sector and service users to identify requirements to support universal services effectively and ensure women, their partners and families receive good levels of support in relation to their mental ill health.

During the first six months of the project from April – September 2016, the appointment of a project officer led to a detailed work focusing on the needs of the population and the potential options for service delivery. This included carrying out a scoping exercise which identified the number of women within Powys, who would be affected by a mild to moderate level of perinatal mental health issues and based on this, the community based service model was developed which has been widely shared with our partners and other stakeholders.

The service aims to build upon the strong universal support already offered by midwives and health visitor. All women are asked about their emotional health and wellbeing throughout pregnancy and following the birth of the baby (up to baby's first birthday). Further screening using the Edinburgh Post Natal Depression Scale and professional judgment enables practitioners to identify those with mild to moderate depression and anxiety. It is these women and their families who will be offered specific, additional support. Targeted and focused support from nursery nurses is a key part of the service offered. This may be related to the parent or parent-unborn, and may also include a specific baby focus. Examples of this include practical interventions such as preparing for parenthood, sessions on baby development and importance of brain development, implementing routines, reducing isolation, and interaction and play.

For those who may have an enduring or severe mental health concern, there are systems in place to ensure liaison and appropriate, timely referral to primary and secondary care colleagues. Midwives and health visitors are encouraged to instigate informal (liaison) discussions with mental health colleagues prior to referrals being made, helping to ensure that the timeliness of further support as appropriate.

The project also provides bespoke supervision for practitioners provided by a perinatal mental health supervisor 1 day/week. The aim of this is to support practitioners to feel more confident and competent to work with mothers, mothers and babies and their families.

Internally within the health board the work of mental health services, including perinatal mental health is overseen by the Executive Committee and the mental Health and Learning Disabilities Committee. This provides a key link to the Board, enabling both support and scrutiny to take place. The Board itself heard a 'Patient Story' specifically focused on perinatal mental

health, helping to raise awareness of the real life experiences of women affected by this condition.

2. ***The pattern of inpatient care for mothers with severe mental illness who require admission to hospital across both specialist mother and baby units (designated mother and baby units in England) and other inpatient settings in Wales. (Since 2013, there has not been a mother and baby unit in Wales).***

Powys THB does not provide specialist inpatient mother and baby care and has no intention to do so. Currently women identified as needing this level of specialist care receive out of county treatment. Nevertheless, though an infrequent requirement (three cases known to maternity and health visiting services since 2011), there have been occasions where specialist care has been a considerable distance from a woman's home and family.

3. ***The level of specialist community perinatal mental health provision that exists in each Health Board in Wales and whether services meet national standards.***

As described above the additional funding provided by Welsh government has been used to focus on prevention and early intervention. The development of effective pathways and robust multidisciplinary working however relies on excellent team working with secondary and specialist mental health services. Powys Teaching Health Board has over the last 2 years moved back to Powys the management and provision of mental health services for the resident population from Betsi Cadwalladr UHB, Abertawe Bromorgannwyg UHB and more recently (1st June 2017) from Aneurin Bevan UHB.

There have been developments in the north of the county, led by a consultant with specialist interest in perinatal mental health, with the establishment of a Perinatal/pre-conceptual clinic. This aims to increase awareness specifically amongst child bearing women already open to mental health services. Further developments with mental health services will be subject to discussion across the health board area as the refreshed mental health service is developed.

At this stage we do not have any specialist roles for midwives, health visitors, community psychiatric nurses or occupational therapists working within the field of perinatal mental health services or any dedicated psychology support. Given the geography of Powys and the challenges of the sparsity of the population, service developments have been most successful

where enhancing the roles of generalists has taken place. This position will however need to be kept under review moving forward.

4. ***The current clinical care pathway and whether current primary care services respond in a timely manner to meet the emotional well-being and mental health needs? Of mothers, fathers and the wider family during pregnancy and the first year of a baby's life.***

As highlighted above, the current service focuses on enhancing the universal services assessment and early intervention. Midwives and health visitors are expected to ask all women about their emotional wellbeing throughout pregnancy and the postnatal period. Midwives and health visitors are also actively encouraged to take a whole family approach, recognising the impact that perinatal mental health may also have on the father/ partner and wider family. The Whooley/Gad questions and use of the Edinburgh Postnatal Depression Score, alongside professional judgment, are used to screen and identify need.

A pilot project is being undertaken in the North of Powys to offer women already known to the community mental health team and of childbearing age. Advice and guidance about the impact that pregnancy may have on their mental health and medication and pregnancy is provided, and additional support offered as necessary.

For those women identified as having mild-moderate antenatal and postnatal depression and anxiety, listening visits and referral to the new community based service is offered. This new service provision went live at the beginning of April 2017. Referrals will be monitored and the following outcomes measured:

• Number of antenatal and postnatal women referred to service

• Number of visits undertaken by the Nursery Nurse

• Number of antenatal and postnatal women indicating an improved Edinburgh Postnatal Depression score following intervention with the Nursery Nurses

• Number of antenatal and postnatal women referred to the service who then required a referral to GP, commenced on medication, referred to primary

care counsellor, referred to Community Mental Health Team, admitted to mother and baby unit

For those women and families who may need further support beyond that provided by the general service, referrals are made to local GPs and Local Mental Health Primary Support Services. The additionality of support sits alongside the existing community nursery nurse provision, and priority to pregnant and new mothers is given wherever possible. Where there is a need for support from community mental health colleagues, a system is in place for practitioner to liaise with community mental health colleagues to discuss level of need and urgency of support. The Community Mental Health service makes contact with the women and her family within 1-2 working days with an appointment for enhanced assessment offered.

Whilst the new community based service is developing, the perinatal mental health steering group are leading consultation work with wide range of stakeholders across maternity, psychiatry, community care, psychology, third sector, General Practice and service users. The views, opinions and experience will be collected and discussed in the steering group to help further develop the pathways for primary, secondary care and service standards. During this development process close working with the All Wales Perinatal Health Group will take place.

5. ***Consideration of how well perinatal mental healthcare is integrated, covering antenatal education and preconception advice, training for health professionals, equitable and timely access to psychological help for mild to moderate depression and anxiety disorders, and access to third sector and bereavement support.***

It is critical, particularly in the Powys context for services to be integrated. A clear focus has been on multi-professional and multi-agency working. The examples given below indicate the breadth of approach the health board has taken to enable greater focus and expertise on mental health for women during and after pregnancy.

- Perinatal mental health is discussed with women and their families by every midwife and health visitor as part of the universal care provided. Where identified as a topic for discussion by women, this is also included within antenatal groups and classes.
- Over the last year multi-disciplinary workshops have been provided for midwives, health visitors and nursery nurses. The feedback from these sessions has highlighted the value staff placed on having an opportunity to discuss key issues with other colleagues, and to

understand and explain each others roles. A further 2 day perinatal mental health training has already been provided, with further training planned for May 2017.

- Primary care colleagues have identified training requirements, and specific training will be provided by a psychiatrist, midwife, health visitor and nursery nurse over the next year. The Royal College of Physicians Toolkit for perinatal mental health has also been shared with GP's, practice nurses, local mental health practitioners and obstetric physiotherapists to enable a greater understanding and advice for this area of practice.
- The health board is in the process of identifying a suitable e – learning package and deciding how and when to incorporate annual updates for all staff.
- Adult mental health services are aiming to provide all their staff with perinatal mental health training which will be multi-disciplinary and multi-agency. The plan is for the training to be rolled out from June 2017 in the north of the county and the south to follow later in the year. A repeat audit will be undertaken early next year to identify any further training gaps.
- Access to psychology services remains a key development area across the county, in particular meeting the NICE recommendation that psychological intervention commences within one month of assessment of need. The health board has been using new and innovative ways in supporting people with depression and has been using Computerised CBT (Cognitive Behavioural Therapy) over the last 3 years funded initially by an EU grant. The service will not be suitable for everyone with mild to moderate depression, however it does provide a useful intervention for many people and is less reliant on practitioner delivered face to face service provision. In relation to face to face psychological therapy, the service is ensuring pregnant women are given priority and seek to ensure they are seen within 28 days.
- There are well developed and strong working relationships with third sector colleagues throughout Powys, with Action for Children for example playing a key role in the steering group that has developed the new service model. Furthermore, the third sector are actively involved in providing universal support through some of the community based groups which include 'Bumps to Buggy' walks, baby massage and 'Sbash a Sbri', a water based activity. The health board recognises that these activities contribute to supporting women and their families in the fundamentals of developing social networks and support.
- MIND in mid and south Powys are in the process of setting up the Mother's in Mind project. These groups will run weekly for six weeks

and support women and their families who have been identified as having mild – to moderate anxiety and depression.

- Named midwives provide support as required for miscarriage, stillbirth and neonatal death. The opportunity to have caseloads that facilitate continuity (35-40 women per fulltime midwife) offers the opportunity for midwives to give women and their families dedicated time. Bereavement midwives from external commissioned services also provide some support.

### *6. Whether services reflect the importance of supporting mothers to bond and develop healthy attachment with her baby during and after pregnancy, including breastfeeding support.*

Throughout pregnancy midwives discuss and encourage women and their partners to consider their babies movements, and discuss what babies can hear in utero.

The importance of supporting mothers to bond and develop a healthy attachment with their baby during and after pregnancy, including breastfeeding support, is reflected throughout the Healthy Child Wales Programme (HCWP) and new National Flying Start Programme, delivered by all Health Visitors. The majority of staff have received training in the 'Solihull Approach', a theoretical framework that underpins day to day practice, the basis of which is to support attuned relationships and a baby/child's social and emotional development. New assessments such as the 'Health Visitor Observation and Assessment of Infant (HOAI), as well as the mood assessment of mothers, have been introduced in to the new HCWP/Flying Start Programme in order that parent /baby relationship issues can be identified early and addressed through additional support.

Some staff have also received training in using the Newborn Observation tool, which again, provides opportunities for staff to share how a baby is born to interact with its caregivers, and encourage interaction. Community groups promote the key messages of face to face contact, nurturing touch, play, talking and singing, which enhance the parent/baby relationship. Baby massage is provided on a one-to-one basis or within groups.

Breastfeeding is supported throughout the services, Powys currently has Level three UNICEF baby friendly accreditation through midwifery and health visitor services. Midwives and health visitors also support peer led groups Bron i'r Babi across the county encouraging women to attend both before and after birth. It is also recognised that feeding choice and difficulties around this may contribute to the way in which a women feels.

Practitioners, therefore, are encouraged to respect parental choice and to support women in which ever feeding choices they make.

### *7. The extent to which health inequalities can be addressed in developing future services.*

Staff are encouraged to support not only the whole family but also to recognise the factors that may be impacting on a family as a whole. It is essential to recognise the factors that may contribute to perinatal mental health include domestic violence, history of abuse, trauma and childhood experiences; housing, employment, social isolation and the quality of relationships that individuals may have. The model also asks practitioners to indicate the presence of adverse childhood experience (ACE). The intention is to develop further work with colleagues who support women and their families in these areas of identified need.

Robust audit of the new service and the development of an integrated care pathway, will enable the health board to identify further gaps and needs. This information and feedback from service users, practitioners and referrers will help shape what the future services may look like.

The perinatal mental health steering group are working towards a 'hub and spoke' model with the county split into five distinct areas (hubs). Each hub will have a designated midwife, health visitor and nursery nurse acting as perinatal mental health champions. The champions will be the local point of contact for advice and support as well facilitating effective relationships with the primary and secondary adult mental services. A consultant psychiatrist with a specialist interest in perinatal mental health will be available for county wide telephone advice to support the mental health, health visitor and midwifery teams and general practitioners

The 'everybody's business' approach ensures that all practitioners are able to make a contribution to the perinatal mental health service with the aim that all women, their partners and their families during pregnancy and early parenthood, feel not only supported in their own communities but reduce the necessity for admission to tertiary care, potentially without their baby.

There is further work to do on understanding engagement patters in services and to shape the way in which practitioners work to support those with the greatest health or social inequality. A Health Inequalities Strategic Plan has been developed and recently approved by the Board. This will form a focus for future work.

June 2017

**About the Society**

The British Psychological Society, incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. We are a registered charity with a total membership of just over 50,000 and are over 1,500 members in Wales.

Under its Royal Charter, the objective of the British Psychological Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge". We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research.

The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

**Publication and Queries**

We are content for our response, as well as our name and address, to be made public. We are also content for you to contact us in the future in relation to this inquiry. Please direct all queries to:-

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We hope you find our comments useful.

**British Psychological Society response to the National Assembly for Wales' Children, Young People and Education Committee**

**Perinatal Mental Health**

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| | **The Welsh Government's approach to perinatal mental health, with a specific focus on accountability and the funding of perinatal mental health services covering prevention, detection and management of perinatal mental health problems. This will include whether resources are used to the best effect** |
| 1. | Comments:<br><br>The Society welcomes the Welsh Government's recent investment in perinatal mental health services in Wales. The level of funding that was made available for each health board in 2015 has meant that small specialist community based teams have been set up (excluding Powys) in each health board to support women, their infants and families. The very significant challenge for these new teams, which are currently not well resourced in terms of whole time equivalent staff, is to provide the care |

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| | and treatment required for women with moderate to severe perinatal mental health problems whilst liaising with and providing training for staff in primary care. At a national level, and as reported to the national steering group for perinatal mental health services in Wales, each Health Board has devoted a significant proportion of their resource to prevention and early intervention. Moving forward, it is imperative that this work continues and expands and that the perinatal mental health services in each health board focus on both the early intervention and management of perinatal mental health problems. |
| | **The pattern of inpatient care for mothers with severe mental illness who require admission to hospital across both specialist mother and baby units (designated mother and baby units in England) and other inpatient settings in Wales. (Since 2013, there has not been a Mother and Baby Unit in Wales).** |
| 2. | Comments:<br><br>The inpatient care for mothers with severe mental health difficulties in Wales is woefully inadequate. Welsh residents are faced with having to choose between travelling great distances to access a Mother and Baby Unit (MBU) in England (leading to a separation from their support network) or being admitted to a non-specialist inpatient facility in their locality and being separated from their infant. General adult psychiatric wards do not have the expertise required to care for women experiencing mental health problems during the perinatal period and the guidance is clear in that specialist mother and baby units are required.<br><br>Additionally, due to the paucity of Clinical Psychology sessions provided in the Welsh Community Perinatal Mental Health teams (see point 3 below) women do not have access to the specialist psychological |

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| | therapies that are available in England upon transfer back to Wales. Recently, the most well established perinatal community mental health team in Wales in Cardiff and Vale (UHB) has been able to meet the need for psychological therapy following discharge from an MBU due to the recent funding investment. However this provision is not equitable across Wales due to the paucity of Clinical Psychology sessions in the community perinatal mental health teams. In addition, it is important to highlight that when women with severe mental health difficulties choose to remain in Wales and are managed in the community, the safe management of risk related issues are compromised without the support of a local MBU. |
| | **The level of specialist community perinatal mental health provision that exists in each Health Board in Wales and whether services meet national standards.** |
| 3. | Comments:<br><br>Whilst the investment in perinatal mental health services in Wales in 2015 is welcomed and much needed the level of funding for each health board fell short of what is required. As a result, the ability of the perinatal mental health teams to meet the NICE guidance (2014) waiting times target for the assessment (2 weeks from referral) and treatment (4 weeks from referral) for psychological therapies in the perinatal period (NICE, 2015) is compromised. Rapid access to evidence-based psychological therapies for women during the perinatal period is imperative in order to reduce the impact of mental difficulties on the mother and the developing foetus/infant. In order to meet NICE guidance in Wales, sufficient numbers of appropriately trained Clinical Psychologists is required in community perinatal mental health services. Direct comparisons between services in Wales and the other UK countries is complicated by the different structure of primary and secondary care mental health services |

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| | across the different nations. However the Royal College of Psychiatrists have produced guidance for the provision of Clinical Psychology sessions in the community perinatal mental health services which focus on the most severe 5% of women with mental health problems in the perinatal period (RCPsych CR197). In contrast the British Psychological Society (BPS) has produced guidance for the provision of Clinical Psychology sessions in community perinatal mental health services that focus on the most severe 10% of women with mental health problems in the perinatal period (BPS Briefing Paper No. 8). The latter guidance is a much closer fit to the Welsh context because the community perinatal mental health services in Wales have been tasked with focusing on prevention, early intervention, and the care and treatment of women with the most severe mental health problems during the perinatal period.<br>Table 1 below details the allocated number of weekly Clinical Psychology sessions in Wales, by Health Board, against the national recommendations by birth rate. In order to draw on the most current and available guidance, the British Psychological Society and the Royal College of Psychiatry Guidance is cited in the Table 1. In addition, the London Commissioners Guidance for community mental health services was also used to generate the figures which represent an extension of the BP8 estimations. It is important to note that whilst birth rates are often used as an estimate for resources, in the perinatal context the number of women and families that require mental health support will be greater due to the support required for pregnant women and their unborn children.<br><br>In contrast to England, Northern Ireland and Scotland, there is no Consultant Clinical Psychologists working in community perinatal mental health services or across maternity services in Wales. Six of the seven health boards have a very minimal number Specialist Clinical Psychology sessions (either band 8a or 8b) allocated to their perinatal mental health service, with no service having even half of the required number of weekly |

sessions (BPS, BP8; London Commissioners Guidance). In line with the prudent health care agenda, some of the Health Boards in Wales employed assistant Psychologists (non-qualified assistants who cannot deliver therapy without close supervision) to support the provision of psychological therapies in the new services. Whilst these posts are welcomed and much needed, further investment in Specialist and Consultant Clinical Psychology sessions are required in order for the new services to meet national minimum standards (NICE 2014; BPS BP8; RCPsych, CR197). It will be difficult for the new perinatal mental health services to meet the RCPSYCH quality service standards for community perinatal mental services given the current level of funding and Clinical Psychology resource. Where funding in addition to the Welsh government investment in 2015 has been allocated by a Health Board to their perinatal mental health service (e.g. Cardiff and Vale UHB) great steps toward meeting the national standards have been made in recent years, as evidenced by the Royal College of Psychiatry's (RCPSYCH) Quality Improvement Network annual service evaluation. However across Wales, further service development and improvement work is required. To support this we recommend that each perinatal mental health service in Wales is financially supported to part take in the RCPSYCH perinatal quality improvement network.

| Health Board | Birth Rate 2015[a] | BPS Briefing paper Number 8 and London Commissioners Guide Recommended Number of Weekly Clinical Psychology Sessions[b] | RCPsych CR197 Recommended[c] | Allocated Number of Weekly Clinical Psychology Sessions | Allocated Number of Weekly Assistant Psychology Sessions |
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| Abertawe Bro Morgannwg | 5,816 | 4 Consultant<br>20 Specialist | 6 | 0 Consultant<br>2 Specialist | 0 |
| Aneurin Bevan | 6,193 | 4 Consultant<br>20 Specialist | 6 | 0 Consultant<br>5 Specialist | 10 |
| Betsi Cadwaladr | 7,086 | 4 Consultant<br>22 Specialist | 6.6 | 0 Consultant<br>5 Specialist | 0 |
| Cwm Taf | 3,441 | 3 Consultant<br>11 Specialist | 3.7 | 0 Consultant<br>1 Specialist | 0 |

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| Cardiff and Vale | 5,873 | 4 Consultant<br>20 Specialist | 6 | 0 Consultant<br>9 Specialist | 6 |
| Hywel Dda | 3,667 | 4 Consultant<br>12 Specialist | 3.6 | 0 Consultant<br>2 Specialist | 5 |
| Powys | 1,123 | 1 Consultant<br>3 Specialist | 1.1 | 0 Consultant<br>0 Specialist | 0 |
| **TOTAL** | **31,602** | **12.5 Consultant[d]**<br>**31 8b**<br>**105 8a** | **31** | **24** | **21** |

[a] Source = https://www.ons.gov.uk/

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| | [b] 1 session = A ½ day per week. Estimates are rounded up or down to the nearest 1 session<br><br>[c] Does not specify banding of posts<br><br>[d] Not a sum of the above, an overall calculation based on birth-rate. |
| | **The current clinical care pathway and whether current primary care services respond in a timely manner to meet the emotional well-being and mental health needs? Of mothers, fathers and the wider family during pregnancy and the first year of a baby's life.** |
| 4. | Comments:<br><br>In recent years great improvements have been made to the screening and detection of perinatal mental health problems in maternity services in Wales; however further improvements are needed across primary care. The primary care mental health support services in Wales have not had staff specially trained to work with mental health problems in the perinatal period. In England, for example, a training programme for primary care staff has been developed for this purpose. The national steering group for perinatal mental health services in Wales is addressing the training needs of staff working in the area of perinatal mental health. However further work and investment is required in primary care if services are to respond in a timely manner to the mental health needs of women, partners and their infants during the perinatal period. In particular, greater investment in parent-infant mental health services is required either linked to perinatal services or within CAMHS. The recent, influential LSE report (Bauer et al., 2014) clearly states that over two thirds of the costs of perinatal mental health problems to society are due to their impact on child mental health which makes intervening to improve the quality of the parent-infant relationship early on in life a |

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| | critical part of service delivery in the context of perinatal mental health problems. This is very important in community teams and in MBUs. As mentioned previously, the absence of a Mother and Baby Unit in Wales is a significant barrier at the tier 3 and 4 end of the care pathway. |
| | **Consideration of how well perinatal mental healthcare is integrated, covering antenatal education and preconception advice, training for health professionals, equitable and timely access to psychological help for mild to moderate depression and anxiety disorders, and access to third sector and bereavement support.** |
| 5. | Comments:<br><br>Across Wales there is much variation in the provision of preconception advice and psychological therapies for mild to moderate depression and anxiety. Similarly access to third sector providers and bereavement support services are variable by region. It is clear that further work is required to support the collaboration between the different organisations and agencies within each region. Perinatal mental healthcare is not routinely covered in antenatal education classes and this would be a welcomed, particularly classes that address the infant's social and emotional development. There are examples of good practice in Wales in terms of different services coming together to work toward a shared vision. For example, in the catchment area of Aneurin Bevan University Health Board, a perinatal and infant mental health special interest group has been set up to support the integration and shared working of different teams and agencies (e.g. employees across flying start, the perinatal mental health service, the primary care mental health support service and CAMHS). Further developments like this across Wales will support the greater integration of services along the care pathway, particularly at the primary and secondary care interface. |

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| | **Whether services reflect the importance of supporting mothers to bond and develop healthy attachment with her baby during and after pregnancy, including breastfeeding support.** |
| 6. | Comments:<br><br>As reported to the national steering group for perinatal mental health services in Wales, all Health Boards have services that reflect the important of supporting mothers to bond and develop health attachments with their baby. Recently and thanks to Welsh government investment all health boards have 1 or 2 staff members working in the perinatal mental health services trained in the initial stage of Video Interactive Guidance—an evidence based and NICE recommended intervention to support the development of sensitive-attuned parenting to promote healthy attachments between parents and infants (NICE, 2015; NHS Scotland, 2015) . Further investment by Welsh Government in the further stages of Video Interactive Guidance for staff working in the perinatal mental health services will ensure that this evidence based therapy is available in the Welsh services, is it is in other areas of the UK. |
| | **The extent to which health inequalities can be addressed in developing future services.** |
| 7. | Comments:<br><br>Further funding in the area of perinatal mental health will help ensure that health inequalities are addressed in future services. We are not aware of a current report in Wales addressing health inequalities in the context of perinatal mental health. However from a practice based perspective |

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| | addressing the mental health needs of women whose first language is not English, women with co-morbid mental health and substance misuse difficulties, and women seeking asylum require further attention. |
| | **References** |
| | Bauer, A., Parsonage, M., Knapp, M. et al. (2014). Costs of perinatal mental health problems. London School of Economics and Political Science, London, UK.<br><br>British Psychological Society (2015). Perinatal Clinical Psychology: A Briefing Paper for NHS Commissioners (BP8).<br><br>Healthy London Partnership – Transforming London's health and care together (2017). Perinatal mental health services for London: A guide for commissioners.<br><br>Maternal Mental Health Alliance (MMHA). Maternal Mental Health is Everyone's Business: Supporting Women and their Families (2014).<br><br>NICE Guidance (2014). Antenatal and postnatal mental health: Clinical management and service guidance. (CG192).<br><br>NICE Guidance (2015). Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care (NG26)<br><br>NHS Scotland (2015). The Matrix: A guide for delivering evidence based psychological therapies in Scotland. Early intervention, infant mental health risks and disorders. |

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| | Royal College of Psychiatrists (2012). Quality Network for Perinatal Community Mental Health Services: Service Standards.<br><br>Royal College of Psychiatrists (2015). Perinatal mental health services: Recommendations for the provision of services for childbearing women (CR197). |

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Perinatal Mental Health Cymru (PMH Cymru)

## About Perinatal Mental Health Cymru

- Perinatal Mental Health Cymru is a Charity foundered in 2016 by Charlotte Harding.
- We are a lived experienced organisation with a board of four trustees who have a knowledge or a lived experience of mental illness.
- We are currently based in the Llandaff North hub in Cardiff.
- We take a family approach to perinatal mental health related illness and currently run courses and activities for families at risk and/or those affected.
- We are currently unfunded and all involved work on a voluntary basis.

## Background

- PMH Cymru founder has a long term mental illness. She was unfortunate to suffer with postpartum psychosis after the birth of her first child and postnatal anxiety after the birth of her second.
- During an episode of postpartum psychosis, Charlotte needed hospital treatment but could not receive this as the specialised mother and baby unit in Wales had been closed.
- Charlotte had a perinatal mental health psychiatrist and community mental health nurse at the time and it was agreed that home treatment would be better than a stay in an acute psychiatric ward without her baby.
- Home treatment was long and there was very little support other than her CPN. It took 1.5 years to recover.

- Whilst pregnant with her second child in 2014, Charlotte had specialised care from the start of the pregnancy however this was short lived as funding cuts had been made in Wales to perinatal mental healthcare so at 20 weeks all support was stopped.
- Charlotte set up PMH Cymru as a result of the funding cuts made in Wales, to raise awareness that there is no mother and baby unit and that families are not being heard, children are being removed from homes due to services not having the understanding of perinatal mental health related illnesses.

## What PMH Cymru offers

We offer a wide range of services delivered in the community by volunteers with a lived experience.

- We offer peer based support to families In South Wales with or at risk of developing perinatal mental health issues.
- We offer an 'Enjoy your baby' 5 week course based on Cognitive behavioural therapy (CBT). All volunteers have been trained to deliver this course, we received support and free training from Mind Cymru. We have a licence to deliver this course under our Charity name.
- We offer a 4 week introduction to mindfulness which is delivered by a qualified mindfulness practitioner. The course is usually taken after the 'Enjoy your baby' to give parents extra tools to help in their recovery.
- We offer one to one based peer support to parents not wanting to/ or to anxious to talk in our peer group settings. We stress that the one to one support is not 'professional support' and no advice will be given on medication.
- We offer support for fathers and partners.

## Referral criteria

We except self referrals and referrals from health professionals. Referral forms can be downloaded from our website or requested by email. Although referrals can be made by the parent themselves our usual referral criteria is as follows

- Women who are identified during pregnancy who have severe mental illness which may include bipolar disorder, psychosis, depression, schizophrenia
- Women with alcohol/substance misuse problems
- Those identified during pregnancy who are at risk of a serious mental illness ( family history of bipolar disorder or severe child birth related mental illness i.e. postpartum psychosis
- Women with a severe form of depression, anxiety, post traumatic stress disorder, eating disorders, obsessional compulsive disorder, personality disorder, pregnancy related mental health problems

## Who we work with

At present we are developing a relationship with the Cardiff perinatal mental health team. They currently receive high numbers of referrals for women with low to moderate mood and anxiety who could perhaps get support in the community from PMH Cymru. We hope our relationship will grow and we are looking to work closely with them.

We also have links with

- Primary mental health services. They will be referring service users to us shortly. Families will be referred to the 'Enjoy your baby' course.
- Flying start have expressed an interest and wish to refer parents to our services. This is something we can see happening very soon.
- Health visitors. Local health visitors (Llandaff North area) put information about our services in every 'New Mum' pack. We hope that health visitors from other areas of Cardiff will do the same soon.

## Committees and boards we are part of

1. The All Wales Perinatal Mental Health Steering group. A group that sees the management of the 1.5 million perinatal mental health fund.

2. The Tier 4 specialised mental health group. A subgroup of the All Wales Perinatal Mental Health Steering group which sees us working with Welsh Health Specialised Services Committee (WHSSC) and those with a lived experience. The group was formed to develop a model mother and baby unit for Wales.

**CYPE(5)-21-17 – Papur | Paper 5**

Dr Jess Heron, Director, Action on Postpartum Psychosis

How the Welsh Government can improve services for mothers, babies, fathers and families affected by Postpartum Psychosis.

**About APP**

- Action on Postpartum Psychosis (APP) is a national charity for women and families affected by Postpartum Psychosis.
- Collaboration between women & families with personal experience, specialist clinicians, and leading academic researchers.
    - Facilitates research
    - Develops patient information & resources
    - Runs an award winning peer support service
    - Trains health professionals in the care and management of PP
    - Campaigns for improved perinatal mental health services and raises awareness of PP in the general public.
- Largest network of women with PP in the world (with over 800 members with lived experience in the UK, and over 1400 peer support forum users.)
- Research team has conducted the most research into PP in the world (based in Birmingham & Cardiff Universities).
- APP is the only charity in the UK providing specific support and information for this population.
- We have Regional Reps that work hard to improve things in their local areas. Sally Wilson and Sarah Dearden will be attending today from N Wales.

**Specific issues for the safe care of women who develop Postpartum Psychosis**

- Postpartum Psychosis is a severe and frightening form of postnatal illness that develops, often out of the blue, in the days and weeks following childbirth, after 1-2 in every 1000 births.
- PP must be treated as a psychiatric emergency. Confusion, delusions, hallucinations and unusual behaviour escalate rapidly, at a time when women are responsible for a vulnerable newborn.
- Suicide is a leading cause of maternal death; the majority due to Postpartum Psychosis.
- Delayed treatment causes risk to the safety of the mother and newborn; longer and more severe episodes; and impacts on the woman’s and her families’ recovery.
- With the right care and support, women can make a full recovery and have fulfilling family lives.

**Addressing the following 3 areas of service provision would greatly improve the situation for families affected by PP in Wales.**

1) **Mother & Baby Unit provision in Wales**
2) **Health professional training in PP & development of PP appropriate care pathways**
3) **Provision of specialist peer support & information**

## 1) Mother & Baby Unit provision in Wales

We expect around 50 cases of PP in Wales each year. Almost all will need admission to a specialist Mother & Baby Unit. There is currently no provision, causing heartache to families and potentially poorer outcomes for Welsh families.

APP's survey of 218 women with PP found that, compared to those admitted to general psychiatric units, women admitted to MBU: are more satisfied with care; have shorter time to full recovery; feel safer; feel better informed; feel more confident in staff; feel more supported with their recovery; feel more recovered on discharge; and feel more confident with their baby. Our qualitative work shows that some women feel lifelong anger and trauma where treatment required separation from their baby.

Some women who develop PP in Wales are admitted over the border in England. Our research shows that women admitted to a MBU a long way from their home, felt that they were in the right place for treatment, but had concerns about the lack of continuity of care on discharge, the impact upon their partner, and isolation - many were in hospital for several months, and the distance made it difficult for partners, friends and relatives to visit.

MBUs ensure patients have access to: specialist medication knowledge; specialist facilities; appropriate physical postnatal care; and support with bonding and parenting skills.

Our Wales Regional Reps suggest that 2 MBUs are needed, one in North and South Wales, given the difficult access between N & S Wales.

## 2) Health professional training in PP & development of PP appropriate care pathways

Health professional and general public knowledge regarding Postpartum Psychosis is limited.

All staff that come into contact with pregnant and postnatal women should be aware of early symptoms of PP, risk factors, how, why and when to access help. Care pathways that are appropriate to meet the needs of women who develop Postpartum Psychosis are needed in each area.

Care pathways set up for the treatment of bipolar and psychosis at times unrelated to pregnancy tend to be too slow and lack consideration for the needs of mother, baby and wider family. Care pathways set up for the treatment of more common maternal mental health issues tend to be inappropriate to the needs of women developing PP.

General preventative strategies designed to improve the wellbeing of pregnant & postnatal women and address mild to moderate forms of postnatal illness are unlikely to have any impact on cases of Postpartum Psychosis (few psychosocial factors are involved in causing PP)

Specialist pre-conception advice (such as the excellent service provided by Dr Ian Jones at Cardiff & Vale) is essential for those at high risk (e.g women with a previous episodes or a history of Bipolar Disorder) however, half of all cases are to women with no previous mental illness history.

APP provide specialist workforce training in Managing Postpartum Psychosis, jointly delivered by clinical experts and those with lived experience, giving staff cutting edge, reliable information as well as a greater awareness of the importance of their good practice for real women & families.

Feedback from sessions run in England show health professionals rate the training highly and believe it will change their practice. The lived experience sections are rated as particularly important and powerful (importantly speakers have support, quality assurance and safeguarding provided by APP). These could be provided to each of the 7 Health Boards at a cost of £3120 per session.

**3) Provision of specialist peer support**

Recovery following PP can be a long, hard, isolating process, often taking 3 years. Often episodes are followed by anxiety, depression, and difficulty in coming to terms with the episode of PP.

There is limited information available on recovery from PP: APP has written a freely available guide to the recovery process.

PP mums are among the most stigmatised members of society. The media has portrayed them as ‘unnatural’, ‘dangerous’, or ‘unfit’ mothers, and families have hidden the illness. Women live with a sense of guilt, shame, fear and loss, lasting many years.

Our qualitative research shows that women have a strong need to talk to others with similar experience, and attending more general support groups aimed at those with depression and anxiety can leave them feeling more isolated and unusual.

Research into APP's peer support service shows that it increases feelings of support, reduces isolation, increases access to information, improves ability to talk to family members and health professionals, reduces feelings of stigma, and saves lives. In the words of one beneficiary

*"Peer Support has been life-changing for me. I don't feel isolated at all… I feel proud to be part of this unique community of amazing, strong women and proud of everything we have been through. It has been so healing to give and receive support. It has helped me to recover more fully, to really fully come to terms with the experience, to deal with the grief, shame, sadness, trauma of the experience."*

For around £2000 per affected woman, APP can provide an initial face to face visit in hospital / at discharge, patient information guides, one to one email support with a trained peer supporter – which normally lasts around 12 months, and online peer support forum membership – which means volunteers are there for lifelong support for any issues relating to PP, and membership of a regional PP social group.

APP's Peer Supporters are carefully selected, trained, well supported, and, crucially, have access to world leading clinical and academic advisors.

APP also provides information, one to one email support and forum support to partners and wider families affected by PP.

Providing access to such a service for those affected by PP in Wales could help to reduce PP related deaths, adverse outcomes, long term trauma and family separation.

**Kirsty Williams AC/AM**
**Ysgrifennydd y Cabinet dros Addysg**
**Cabinet Secretary for Education**



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref: MA(P)KW2277/17

Lynne Neagle AM
Chair of Children, Young People and Education Committee

22 June 2017

Dear Lynne,

Thank you for your letter dated 14 June asking for the information I agreed to provide during the recent general scrutiny session.

**National Academy**

As I explained in Committee, the National Academy for Educational Leadership will be an arm's length organisation. The purpose of the Academy will be to plan for our future needs for high quality leadership development in Wales; it will not be a deliverer of learning but will have strategic oversight.

We would expect the numbers going through the National Professional Qualification for Headship (NPQH) to remain at the same level around 150. In terms of the other programmes we have not yet agreed the number of participants for the proposed programmes for September 2017. In the meantime, we are continuing to work with consortia on consistent national provision to be offered regionally from this date. I will provide the Committee with a further update on the number of individuals benefiting from the Academy in the autumn.

**Final Budget 2017-18**

I can confirm that there was an increase of £5.436m allocated to Education funding between the draft budget 2017-18 set out in October 2016 and the Final Budget 2017-18. There was a transfer in of £2.236m as a result of £2.5m transfer in relation to the National Reading and Numeracy Tests and their development into online, personalised assessments and minus the repayment of £0.264m for the Student Loans system.

The £3.2m of additional revenue allocations from central reserves were also actioned between draft budget and final budget 2017-18. The breakdown of the £3.2m is outlined below:

- £1.7m transfer in from Central reserves to support transitional arrangements for Schools Challenge Cymru, of which £0.2m will extend advisory support in Pathways

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to Success Schools until the end of 2016/17 academic year. The additional £1.5m will be used to provide targeted support for schools in 2017-18, building on lessons learnt from the Schools Challenge Cymru programme.

- £1m transfer in from Central reserves to fund teaching training incentives.

- £0.5m in 2017-18, as part of a three year offer, to support the work of the School Holiday Enrichment Programme.

**First Supplementary Budget 2017-18**
As confirmed in my evidence paper, at present there are no further changes to the budget allocations for Education planned in the First Supplementary Budget.

Transferring portfolio responsibilities for Careers across to the Minister for Science and Skills offers several significant policy and operational benefits. First, it positions policy responsibility for the careers service in the same arena as wider services and functions which support the economy and employers. Employers want access to well prepared, motivated and appropriately qualified individuals in the labour market. CCDG is already a key provider of programmes and services which are the responsibility of the Minister for Skills and Science. For example, Careers Wales already delivers various adult employability initiatives on behalf of Welsh Government (such as ReAct and Individual Skills Gateway and Employment Routes). These initiatives are focused on developing the career management skills of individuals to make them more resilient to challenges in the future, and increasing awareness of the labour market and future opportunities.

Transferring the portfolio responsibilities will help strengthen employer links through the education system. Careers Wales has a central role to play in supporting the Welsh Government to deliver the Apprenticeship Policy Plan (reflected in the organisation's key objectives). CCDG provide the Apprenticeship Matching Service and in the last year have engaged over 50,000 young people at Opportunity Awareness events across Wales.

Yours sincerely

**Kirsty Williams AC/AM**
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

Kirsty Williams, AM
Cabinet Secretary for Education
Welsh Government

26 June 2017

Dear Kirsty

**Community Focussed Schools**

The Children, Young People and Education Committee recently considered its forward work programme. As part of that work programme, Members agreed to write to you to seek information on the current position regarding community focused schools in Wales.

You may be aware that this is an area that the Committee discussed with HM Chief Inspector of Education and Training in Wales during its consideration of his 2015/16 annual report on 15 February 2017. Estyn subsequently provided a note to the Committee on what makes a good community focussed school.

The use of schools as wider community facilities was a particular feature of policy in the early years of the Assembly and devolution. In 2001, the National Assembly's (the Welsh Government's) *'The Learning Country'* strategy document stated:

> We want to see a much closer relationship between schools and the communities they serve. We want schools to act as a community resource - not just in school hours but out of hours and in vacations as well. We see them as being integral to community capacity building - providing a base for delivering, not just education and training (with links to FE and HE institutions), but also a range of other services like family support, health and enterprise promotion. We want to see them rooted in a wide community context; capable of taking genuine pride in their achievements, and able to ensure they are publicly recognised.

Between 2005 and 2011, the Welsh Government provided the Communities Focused Schools Grant to local authorities for them to develop community focused school approaches in their areas. The funding was subsequently incorporated into other, broader funding streams. It is our understanding that the first aspect, support for school/community projects, was transferred into the School Effectiveness Grant which was in turn amalgamated into the Education Improvement Grant in 2015-16. We

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understand that the second aspect, relating to childcare provision, was allocated to Families First budgets.

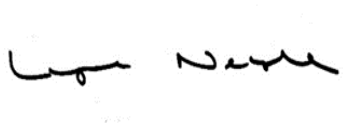
The Committee would be grateful for information on the Welsh Government's position regarding community focused schools, details of relevant policies and how any such initiatives are supported and funded. Could you also clarify whether Circular 34/03: *Community Focused Schools* (2003), which provides advice to schools, local authorities and other partners on how they can develop services associated with community focused schools, is still applicable and the extent to which it is used? Does the Welsh Government retain the following definition of community focused schools contained in the 2003 Circular?

> A community focused school is one that provides a range of services and activities, often beyond the school day, to help meet the needs of its pupils, their families and the wider community.

The Committee would appreciate any other comments you have on community focused schools and action being undertaken in this regard.

This correspondence has been copied to John Griffiths, Chair of the Equality, Local Government and Communities Committee.

Yours sincerely



**Lynne Neagle AC / AM**
**Cadeirydd / Chair**

# Agenda Item 7

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