

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [anghydraddoldebau iechyd meddwl](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [mental health inequalities](#)

MHI 45

Ymateb gan: | Response from: Action on Postpartum Psychosis

Senedd Cymru / Welsh Parliament Health & Social Care Committee consultation on Mental Health Inequalities. Evidence submission on behalf of Action on Postpartum Psychosis (Registered Charity no. 1139925)

Contact name: Dr Jess Heron, Director, Action on Postpartum Psychosis

1. Introduction

Action on Postpartum Psychosis (APP) is the national charity for women and families affected by postpartum psychosis (PP). APP is the largest network of specialist clinicians, leading academic researchers and families with lived experience of PP in the world. We develop information resources; train health professionals; facilitate research; campaign for services; offer peer support to families throughout the UK and raise awareness of the illness.

Postpartum psychosis is a severe and life-threatening postnatal mental illness occurring after 1-2 in every 1000 births. The new Saving Lives, Improving Mothers' Care (2021) report shows that 18% of all maternal deaths in the first year after a baby's birth are due to suicide, and PP is the leading cause of these deaths¹. The report found that 67% of these suicides could have been prevented if there had been improvements in care.

In this submission we draw on published evidence and women's voices to highlight current barriers in accessing specialist mental health services for women and families affected by severe perinatal mental illness in Wales.

2. Which groups of people are disproportionately affected by poor mental health in Wales?

Women are at a significantly increased risk of mental health problems during pregnancy or within the first year after having a baby (known as the perinatal period) in comparison to any other time in their lives. As many as 1 in 4 women can develop

¹ Knight, M., Bunch, K., Tuffnell, D., Patel, R., Shakespeare, J., Kotnis, R., Kenyon, S., and Kurinczuk, J. J (Eds.) (2021) [Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19](#) MBRRACE-UK

mental health problems during this period, and for every 1000 mums, about 2-4 will need admission to hospital for a severe perinatal mental illness².

Women with bipolar disorder are a specific group who are disproportionately affected by severe mental health problems in the perinatal period, with a 1 in 5 risk of suffering from postpartum psychosis. We estimate that around 50 women in Wales will experience postpartum psychosis each year. Postpartum psychosis should be treated as a psychiatric emergency, with immediate admission to a specialist inpatient Mother and Baby Unit (MBU). MBUs are specialist units that allow new mothers to remain with their baby during treatment. APP's research shows that timely access to a specialist care in MBU reduces risks to both mother and baby and promotes good recovery outcomes.

New mothers in North Wales who cannot access such units are significantly disadvantaged, with longer recovery times, and increased trauma resulting from their care.

3. For the groups identified, what are the barriers to accessing mental health services?

A lack of available Mother & Baby Unit beds in Wales is a significant barrier to women and families affected by severe perinatal illness. Women in Wales are being separated from their babies and treated in general psychiatric units or must travel across the border into England to access specialist MBU treatment. Travelling many miles to access services often means that families are separated, which can have a detrimental impact on longer term recovery as a family unit.

"I live in North Wales, and I was separated from my daughter and treated in a general psychiatric hospital when I was ill with postpartum psychosis. This was incredibly traumatic for me and my family and it took me a long time to recover"
SW

"The only unit I had access to was 3.5 hours drive away in England. It meant my family couldn't visit me for days on end and I ended up discharging myself a bit earlier than expected as I was desperate to be close to home" DF

Women who access treatment in England may also face barriers if their first language is Welsh:

"When I've been unwell, in the past it's happened, and I just want to speak Welsh and for the Doctors to try and understand me. It's really important for you to be able to speak your own language when you're in crisis and in such a bad way." NF

In April 2021, the Uned Gobaith in Swansea opened, providing the first six MBU beds in Wales. However, access to specialist services for women in North Wales continues

² Royal College of Psychiatrists (2015) Perinatal mental health services: Recommendations for the provision of services for childbearing women. College Report CR197

to be extremely limited. In December 2021 Nia Foulkes, a mother affected by postpartum psychosis from Denbigh submitted a petition to Senedd with over 7700 signatures to call for additional MBU beds in North Wales.³

4. How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

Specialist perinatal mental health teams are developing across Wales. This will go some way to improving care for women who become ill after childbirth. Services are however significantly behind England in their development. Frontline staff across Wales, including midwives, GPs, general psychiatrists rarely have access to training in identifying and managing postpartum psychosis – or in managing bipolar disorder through the perinatal period.

The lack of access to a Mother and Baby Unit in North Wales means that treatment cannot be appropriate. Home Treatment is rarely feasible for postpartum psychosis, putting mothers, their babies and others at risk. General Psychiatric units are not therapeutically appropriate for new mothers, causing long term trauma to women.

MBUs tend to act as a hub increasing expertise in health professionals throughout the region. In areas lacking an MBU, women do not benefit from high quality advice, for example women with bipolar disorder at risk of illness in the perinatal period are not benefitting from pre-conception advice about staying well during pregnancy.

Women recovering from severe perinatal mental illness do not have access to sufficient recovery support. It may take several years to fully recover from PP – long term support, such as peer support through Third Sector organisations is underfunded across Wales.

Women who experience postpartum or bipolar disorder are also at high risk of relapsing at other times of hormonal change, for example during menopause. Existing services are not meeting the needs of women who need advice about staying well during the menopause.

Community psychiatric teams are currently stretched and underfunded and many of the families with severe mental illness that we support are being frustrated in their attempts to seek help early when they realise they are relapsing.

5. To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

In 2017, Welsh Government committed to considering options for inpatient support for women in North Wales⁴, as part of their response to the Children, Young People and Education Committee inquiry into perinatal mental health⁵. While we welcome Welsh Government's commitment to prioritising MBU provision in North Wales⁶ and the

³ See: [To get a specialist mental health mother and baby unit in North Wales. - Petitions \(senedd.wales\)](#)

⁴ See [gen-ld11290-e.pdf \(senedd.wales\)](#) – Recommendation 7

⁵ Children, Young People and Education Committee (2018) [Perinatal mental health in Wales](#)

⁶ See for example the response from the Deputy Minister for Mental Health and Wellbeing to written question WQ83645 (e), Tabled on 20/10/2021. [Written Question - WQ83645 - Welsh Parliament \(senedd.wales\)](#);

ongoing work between the Welsh Health Specialist Services Committee and NHS England to develop an eight-bed mother and baby unit for women in North Wales⁷, we are concerned that this is taking too long, and plans are still too vague.

6. What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

- Commitment and timescales to provide a unit in North Wales
- Commitment and timescales to move from an interim solution to a fully resourced, permanent, multidisciplinary unit in South Wales.
- Commitment to training in perinatal mental health, including: postpartum psychosis; managing bipolar and schizophrenia in the perinatal period – for health professionals in perinatal mental health teams, and basic training covering these areas for GPs, midwives, health visitors, general psychiatrists, social services and A&E/ambulance staff. The Police and family courts would also benefit from further training in perinatal mental health.
- Commitment to supporting Third Sector organisations to develop general and specialist perinatal peer support and recovery support across Wales. APP would like to develop a network of specialist postpartum psychosis café groups across Wales and build a PP community in Wales to harness the skills of women with experience in: supporting each other, training health professionals, sharing their stories to improve understanding, and supporting Welsh Universities to conduct more research into the condition. Developing an active community not only supports those newly recovering, but also enables women who have lived in trauma and shame for many years following PP to begin to talk about the experience and train to support others.
- Commitment to funding research and developing services to support those who need mental health support during menopause.

[Children, Young People, and Education Committee 07/10/2021 - Welsh Parliament \(senedd.wales\)](#) point 115.
[Plenary 12/10/2021 - Welsh Parliament \(senedd.wales\)](#) point 103

⁷ See for example the response from the Deputy Minister for Mental Health and Wellbeing to written question WQ83647 (e) Tabled on 20/10/2021. [Written Question - WQ83647 - Welsh Parliament \(senedd.wales\)](#)