

Buffy Williams
Chair, Children, Young People and Education Committee
National Assembly for Wales
Cardiff Bay
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Dear Buffy Williams, MS

We are writing to you as Chair of the Children, Young People and Education Committee to share our collective concerns that the draft Mental Health and Wellbeing Strategy currently does not provide adequate support for women and their families experiencing perinatal mental health difficulties in Wales. The Mental Health and Wellbeing and the Suicide and Self-Harm Prevention Strategy and the subsequent delivery plans are pivotal opportunities to focus on prevention and for securing the early support needed for expectant and new parents who are struggling with their mental health. However, we are worried that currently specialist perinatal mental health services are completely missing from the draft Mental Health and Wellbeing Strategy.

This omission is very concerning, given that new and expectant parents are disproportionately at risk of experiencing poor mental health in the perinatal period, with up to 1 in 4 mumsⁱ and 1 in 10 dads affectedⁱⁱ. If left undetected and untreated, perinatal mental health problems can have a devastating impact on the mental and physical health of mums, their partners and babies. Not only can perinatal mental health problems cause intense, debilitating, and often isolating suffering for new and expectant parents, they remain the leading cause of maternal death in the first postnatal yearⁱⁱⁱ, with suicide accounting for 39% of all deaths in this period^{iv}. Untreated perinatal mental health problems can also negatively impact the parent-infant relationship, and can affect the emotional, social, and cognitive development of babies^v. But early and effective help can improve outcomes for mums, partners and babies.

Our organisations have been working together to amplify calls for improved perinatal mental health support for women and families across Wales and for enhanced parent-infant relationship support. Those two elements feed into a wider vision of support, wrapping around families and ensuring the best start in life for babies and young children.

Perinatal Mental Health Progress & Gaps

Following on from the Children, Young People and Education Committee inquiry in 2017^{vi}, perinatal mental health became a key Welsh Government priority^{vii}. As a consequence, there have been positive developments in perinatal mental health care. This has included the development of specialist services in each health board area, the development of All Wales perinatal mental health pathways, the establishment of a temporary mother and baby unit in South Wales and agreed plans to work with NHS England to establish the Chester mother and baby unit with 2 dedicated beds for women from Wales (due to be operational from Oct 2025).

But significant gaps remain, and there is still a postcode lottery of perinatal mental health support in Wales. Currently none of the seven specialist perinatal mental health services in Wales are meeting 100% of Type 1 national CCQI standards^[1]. These are standards which are defined as ‘essential standards’ with failure to meet them resulting in a ‘significant threat to patient safety, rights or dignity and/or would breach the law’^{viii}. There is also no sustainable funding and training model for specialist perinatal mental health teams. There are still gaps in adequate psychological support, and no specialist provision for dads or partners experiencing perinatal mental health problems. Concerns have also been highlighted, about the quality and safety of care being received by women admitted to adult inpatient units during the perinatal period and, for parents with mental health difficulties, where there is involvement from children’s services. Recommendations from the one-year review of Uned Gobaith (the mother and baby unit in South Wales) are still to be addressed^{ix}. It is critical that these gaps are addressed to ensure that women, their partners and babies can access the support they need at the right time.

The Mental Health and Wellbeing Strategy and the Suicide and Self-Harm Strategy present an important opportunity to protect and preserve the perinatal mental health progress to date, while building on services so early support can be provided to expectant and new parents who are struggling with their mental health.

What more should be done to support perinatal mental health?

In preparation for the development of the new Mental Health and Wellbeing Strategy, over the last two years we have been working with the Wales Perinatal Mental Health Implementation Network, to bring perinatal mental health stakeholders together to identify key priorities^x. Stakeholders consistently highlighted four areas that they felt should be prioritised within the Mental Health and Wellbeing Strategy;

1. Sustainable funding to develop specialist perinatal mental health services

There is a concern that perinatal mental health specialist services are absent from the draft Mental Health and Wellbeing Strategy. The sector is calling for a commitment for the development of specialist perinatal mental health services so they can provide the quality of care needed to support new and expectant parents with babies up to the age of two. Key to this is each service being able to achieve and maintain CCQI quality standards. Investing to increase the capacity and skill mix of PMH teams and Uned Gobaith should be prioritised to ensure a workforce that can meet local needs, including the ambition to extend the referral criteria for specialist PMH services to 24 months. Particular attention should be given to increasing the psychological workforce, peer support roles and specialist PMH pharmacists.

2. Perinatal mental health support for dads and partners

The draft Mental Health and Wellbeing Strategy fails to acknowledge the risks to dads'/partners' mental health in the perinatal period. This should be addressed and a commitment set out to scope the unique needs of dads and partners across the perinatal mental health pathway and to provide dedicated support for dads and partners experiencing poor perinatal mental health.

3. MBU provision that meets the needs of women and families across Wales

Accessible MBU care for women and families during the perinatal period is absolutely essential. Its unique setup means that women do not have to be separated from their babies while receiving support, allowing parent and child to continue to bond and mothers the time to dedicate to their recovery. There are concerns that the Mental Health and Wellbeing Strategy lacks detail about the development of MBU provision across Wales. Stakeholders are calling for future commitments from Welsh Government to;

- A permanent MBU in South Wales that addresses the recommendations from the one-year review of Uned Gobaith and the outcomes of the units CCQI accreditation
- Establish and evaluate the Chester MBU to monitor its accessibility for women from Wales and identify any need to increase capacity of the two dedicated beds
- Develop a set of standards for adult inpatient psychiatric units

4. Parent-infant relationship support

There is a concern that there are gaps in specialist parent-infant relationship support for the babies most at risk due to severe difficulties in their early relationships. Stakeholders are calling for the development of specialist parent-infant relationship services in every part of Wales, overseen by a new national clinical parent-infant relationship leadership role to drive forward the development of these services. The Golden Thread Paper, produced by Parent Infant Foundation, NSPCC Cymru and the Wales Perinatal Mental Health Implementation Network sets out a vision and set of recommendations for building specialist parent infant services^{xi}.

We urge the Committee to consider our concerns and to write to the Minister for Mental Health and Wellbeing to ask that the draft Mental Health and Wellbeing Strategy and the accompanying delivery plans provide adequate support for women, their babies and families experiencing perinatal mental health difficulties in Wales.

We would be very happy to meet with you/and or the Committee or provide further written briefings, should this be useful at this time.

Yours sincerely,

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ⁱ Latest maternity statistics in Wales indicate that 32% of pregnant women reported a mental health condition at their initial assessment in 2023. This is an increase of 1.4 percentage points from the previous year, and an increase of 12.2 percentage points from 2016. See [Maternity and birth statistics: 2023 \[HTML\] | GOV.WALES](#)

ⁱⁱ See Howard, L. M., Ryan, E. G., Trevillion, K., Anderson, F., Bick, D., Bye, A., Byford, S., O’Conner, S., Sands, P., Demilew, J., Milgrom, J and Pickles, A (2018) Accuracy of the Whooley questions and the Edinburgh Postnatal Depression Scale in identifying depression and other mental disorders in early pregnancy. *The British Journal of Psychiatry*, 211(1): 50-56; Leach, L. S, Poyser, C, Cooklin, A. R and Giallo, R (2016) Prevalence and course of anxiety disorders (and symptoms levels) in men across the perinatal period: A Systematic Review. *Journal of Affective Disorders*, 190: 675-686; Paulson., J, F, and Bazemore, S, D. Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. *J Am Med Assoc.* 2010;303(19):1961–9.

ⁱⁱⁱ Knight, M., Bunch, K., Tuffnell, D., Patel, R., Shakespeare, J., Kotnis, R., Kenyon, S., and Kurinczuk, J, J (2021) (Eds.) on behalf of MBRRACE-UK. 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. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2021. Accessed at: [MBRRACE-UK Maternal Report 2021 - FINAL - WEB VERSION.pdf \(ox.ac.uk\)](#)

^{iv} Knight, M., Bunch, K., Tuffnell, D., Patel, R., Shakespeare, J., Kotnis, R., Kenyon, S., and Kurinczuk, J, J (2021) (Eds.) on behalf of MBRRACE-UK. 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. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2021. Accessed at: [MBRRACE-UK Maternal Report 2021 - FINAL - WEB VERSION.pdf \(ox.ac.uk\)](#)

^v Stein, A., Pearson, R.M., Goodman, S.H., Rapa, E., Rahman, A., McCallum, M., Howard, L.M., and Pariante, C. M (2014) Effects of perinatal mental disorders on the fetus and child. *The Lancet*, 384: 1800–1819

^{vi} Children, Young People and Education Committee (2017) Perinatal mental health in Wales. Available online at: [cr-ld11234-e.pdf](#).

^{vii} For example, in the 2019-2022 Together for Mental Health Delivery Plan, improving access and quality to perinatal mental health services was a key Welsh Government priority. See Welsh Government (2020) review of Together for Mental Health. Delivery Plan 2019-2022 in Response to Covid 19. Available online at: [review-of-the-together-for-mental-health-delivery-plan-20192022-in-response-to-covid-19_0.pdf](#)

^[i] Maternal Mental Health Alliance (2023) [Specialist perinatal mental health care in the UK 2023](#).

^{viii} See Lucas, R (2023) Standards for Community Perinatal Mental Health Services Sixth Edition. Royal College of Psychiatrists

^{ix} Including That a review of the permanent option is conducted in line with the work of the Mental Health strategy, and that a further options appraisal is carried out to consider the future location of the service to incorporate more family facilities. See Welsh Health Specialised Services Committee (WHSSC) REVIEW OF UNED GOBAITH MOTHER AND BABY UNIT AT TONNA HOSPITAL, SWANSEA BAY UNIVERSITY HEALTH BOARD FOLLOWING 1 YEAR OF OPENING (Public Version) MARCH 2023.

^x In April 2023, we facilitated three in person workshops aimed to identify key perinatal mental health and parent- infant relationships priorities for the next mental health strategy. The findings and recommendations from those workshops were written up and submitted to Welsh Government in October 2023. See Witcombe-Hayes, S., Fernandez, S and Sercombe, M (2023) Influencing the next Mental Health Strategy. Available online at: [executive.nhs.wales/functions/strategic-programme-for-mental-health/perinatal-mental-health/pnmh-docs1/influencing-the-next-mental-health-strategy/](#). In April 2024, NSPCC Cymru worked with the Parent-Infant Foundation to carry out an online consultation with Parent-Infant Network Cymru to identify key priorities for infant mental health in the mental health and wellbeing strategy. In May 2024, NSPCC Cymru worked with the Wales perinatal mental health implementation network and the Maternal Mental Health

Alliance to run a follow up online workshop with the sector, and the PMH board to explore gaps in the Mental Health and Wellbeing Strategy and the Suicide and Self-Harm Prevention Strategy.

^{xi} See Gregory, L., Witcombe-Hayes, S and Fernandez, S (2024) The Golden Thread: A Case for Developing Specialist Parent-Infant Services in Wales. Available online at: [The-Golden-Thread-Report-DIGITAL.pdf](#)