

Perinatal Questions

It is specifically seeking evidence on:

- 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.*

The HDUHB Perinatal Service has now successfully recruited all members of its team, as per initial proposal to WG and the service model is being rolled out as follows :

Pembrokeshire – integrated service developed and fully implemented

Carmarthenshire – integrated service model being developed and roll out in April / May 2017 with Head of Midwifery and associates

Ceredigion – mapping out current services as some service delivery will be via Carmarthen.

Profession	Grade	Wte
Perinatal Lead Nurse	7	1.0
Perinatal Consultant / Medical Lead	–	0.2 sessions
Perinatal Consultant	–	0.1 session
Clinical Psychologist	8	0.2 sessions

Psychology Assistant	5	0.5 sessions
Perinatal Art Psychotherapist	7	0.3 sessions
Community Psychiatric Nurse	6	0.4 sessions
Perinatal OT	7	0.5 sessions
Team Secretary	3	1.0

The service has successfully aligned itself with Midwifery, offering all Specialist assessments in midwife led antenatal clinics. This adheres to the overall philosophy of early identification during the antenatal period and therefore 'prevention'. All women who have been assessed receive a 'plan of care', which clearly outlines their 'intervention plan'. This is forwarded to all relevant disciplines involved in the woman's care to ensure awareness of intervention.

Fundamental to this work is the attempt to 'normalise' perinatal mental health within HDUHB and the Perinatal staff are integrated into the care therefore perceived as a normal/routine part of antenatal care.

All women in HDUHB, upon the receipt of their All Wales Handheld Antenatal notes, will be given a Health Board Perinatal leaflet, which clearly establishes the purpose of the service, with relevant contact numbers and useful websites that the woman can visit. This leaflet attempts to normalise Perinatal Mental Health problems in its use of language and discussion on how every woman has the propensity to be affected by the increase in hormone levels during the perinatal period. It also clearly outlines what the service offers and how this is achieved.

The Integrated Perinatal service is fully functioning in Pembrokeshire, and has recently started its 'roll out' of service delivery to Carmarthen and

Ceredigion. Perinatal Awareness raising workshops have been facilitated to relevant services, eg, Primary Care, Midwifery, Health Visiting, G.P's etc.

Documentation has been created for the service, which meets the relevant standards of the Care Council Quality Indicators Community Perinatal Services, set out by the Royal College of Psychiatrists. This includes a Perinatal assessment, which all women who are referred to the service participate in.

Training

The Perinatal team has all undertaken the Maternal Infant Mental Health (MIMH) training, which they continue to offer to all relevant disciplines across the Health Board, both Level 2 and Level 3. This pertinent training has been adopted by HDUHB and with its fully accredited trainers, hopes to continue to offer this as a 'rolling training' for the whole HB in the future. It is hoped that Level 2 will eventually become a mandatory training for all disciplines relevant to Perinatal Mental Health across the HB.

The Perinatal Psychiatrist will attend the Specialist Perinatal Psychiatrist training initiated by the Royal College Psychiatrists in England this June. This has been funded by WG. Three members of the Health Board Perinatal team have participated in the Welsh Government funded Video Interaction Guidance (VIG) training and successfully received their certificates of completion in the introductory level of Video Interaction Guidance.

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).

Since 2014, three women from HDUHB have required tier 4 specialised service provision; these women have all had to travel to England for this service. Another woman recently spent three weeks at an Mother and Baby Unit in Stafford, it took two weeks for an available bed to be identified.

HDUHB's Perinatal Service has adopted a threshold for admission that when other alternatives to admission have been exhausted and there is a significant risk to the mother and baby, admission should be to a specialist

inpatient unit. During the perinatal period this threshold should be much lower than is usual for other admissions and in line with the national evidence and good practice that this admission should be to a specialist mother and baby unit. It is possible that with an increase in awareness and early identification and prevention, this overall figure for our HB may increase as the emphasis is established regarding the importance and significance of enhancing and maintaining the 'first attachment relationship'.

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

A key element of the service model for Perinatal Mental Health Services within HDUHB included undertaking a mapping of existing services and collaborating with key health professionals in maternity and Obstetrics to ensure we developed an integrated model which meets the needs of a rural population. An audit against the Care Council Quality Indicators Community Perinatal Standards and recommendations was completed, and the identified deficit informed the 3 year Perinatal Service Delivery plan. All service provision, therefore, adheres to the standards established by the Royal College of Psychiatrists.

These Care Council Quality Indicator standards are the agreed National standards for Community Perinatal service provision across Wales.

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.

Prevention /Early Intervention

Specialist Perinatal Interventions are offered within Primary care, with priority given to all perinatal clients, in order for them to receive the intervention in a timely manner. Within the HB's Therapeutic day service the 'emotional coping skills' module from Dialectical Behaviour Therapy(DBT) has been specially adapted, with assistance from Midwifery and Health Visiting to offer a pertinent range of coping skills during the perinatal period for women who

experience emotional deregulation. In the LPMHSS a specialist antenatal template for group work utilising Cognitive Behaviour Therapy (CBT) principles, has been created to alleviate antenatal anxiety. Work is currently under way to create a group for perinatal post natal problems and the team plans to initiate a specialist group with a focus on enhance the 'first attachment relationship' between mother and infant.

For women with an Serious Mental Illness (SMI), the Perinatal Clinical Psychologist offers an assessment which will result in formulation, which is then shared with the psychology team in each Community Mental Health Service(CMHS). All young women under 18 years of age will receive care coordination in sCAMHS if they meet the criteria for a mental health disorder which may require intervention and / or medication and are assessed to be in need of perinatal service assistance alongside S-CAMHS interventions and support.

The primary care service in HDUHB provide's the majority of the perinatal service's interventions. These have been created with the involvement of midwifery and health visiting perspectives. They offer all perinatal women priority, which ensures timely intervention aimed at prevention of problem or of further deterioration.

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.

There is a strong emphasis on the development of a integrated service for Perinatal Mental Health and our focus is on reducing the stigma associated with access to mental health services by ensuring we deliver services which are co located and aligned with other HB services delivered for mothers / fathers to be and Child Health Services. Working collaboratively with colleagues across the HB including Public Health is key to ensuring this ethos is adopted. By adopting an integrated approach the perinatal service promotes normalisation of perinatal problems during the perinatal period for all women in HDUHB.

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.

The Perinatal service in HDUHB is fully aware of the 'long term' implications of unhealthy attachment, and remains passionate about bridging the inequalities apparent in the local community's which it serves. The HB is committed to the principles of the Baby Friendly Initiative. (The Unicef UK **Baby Friendly Initiative** supports breastfeeding and parent infant relationships by working with public services to improve standards of care.) We have a Hywel Dda breastfeeding group leaflet which is given to all breastfeeding mothers on discharge from hospital as well as info displayed on the ward. During pregnancy community midwives talk about connecting with baby in pregnancy and health visitors talk to mothers about attachment during their home visits and at toddler groups and baby massage. In addition as part of the breastfeeding support information, midwives discuss relationship building, about the importance of closeness and comfort and what enhances closeness and responsiveness.

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

Ensuring the provision of an integrated Perinatal Mental Health Service across the HB will ensure appropriate and timely access for all when needed.

Ensuring the delivery of recognised Perinatal mental health training such as the Maternal Infant Mental Health training and VIDEO Interaction Guidance (VIG) will ensure the workforce and all staff have the relevant training and skills

Ensuring the Specialised Perinatal Service clearly establishes key relationships and pathways across services including the Third sector and Voluntary services thus promoting a 'multi-agency' approach and joint working

Promoting good mental health across the lifespan, including during pregnancy in order to change the impact of intergenerational transmission which in turn ensures all mothers receive the appropriate intervention at the right time to break the negative impact of this cycle, for the benefit of future generations to come.