

## **Children, Young People and Education Committee: Inquiry into Perinatal Mental Health**

### **Response from Mind Cymru**

#### **1. Who we are**

1.1 We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

#### **2. Introduction**

2.1 Mind Cymru welcomes the opportunity to respond to the committee's inquiry. Perinatal mental health is an area in which we have worked for a number of years, through our 'Two in Mind' project, our network of 20 Local Minds across Wales and in our policy and campaigning work.

2.2 There are differing definitions of the 'perinatal' period and the length of time it spans. Mind uses the term perinatal to describe the period from pregnancy up to the first year of a child's life, and we recognise the impact perinatal mental health problems can have on a whole-family basis including parents, infants and wider support networks.

2.3 In addition to our own response, we have also submitted a joint response with the NSPCC and the National Centre for Mental Health specifically focusing on a joint research project we are engaged in, which is mapping perinatal mental health support across Wales and investigating the extent to which statutory services in Wales are meeting national standards and guidelines. We have tried to avoid duplicating here any content from that response and would refer the committee to the above mentioned joint response in answering questions related to that project. We would encourage the committee to closely study the findings of that project once it reports later in the year.

### **3. Key messages**

3.1 Poor perinatal mental health is a systemic problem and can impact on parents, their support networks and an infant's wellbeing. Stigma and fear of discrimination plays a significant role in preventing many people experiencing perinatal mental health problems from seeking help.

3.2 The development of community perinatal mental health services across Wales has been positive and many people are now receiving support that wasn't available to them a year ago. However gaps in acute care and the lack of a mother and baby unit in Wales need to be urgently addressed.

3.3 There is a lack of awareness of key perinatal mental health learning for family workers and a need to expand this.

3.4 To see a continued improvement in service provision, the multitude of services that support parents and infants through the perinatal period must be joined-up and consistent in their approach. One negative experience can deter someone from seeking the support they need. Examples of best practice being well communicated will be crucial as services continue to develop.

### **4. The prevalence and cost of perinatal mental health problems**

4.1 Perinatal mental health problems affect up to 20% of women at some point during pregnancy or in the year after childbirth. This might be a new mental health problem or another episode of a mental health problem they have experienced before.

4.2 Types of perinatal mental health problems include perinatal depression and anxiety, post-partum psychosis, PTSD and perinatal OCD. Some women also experience eating problems around pregnancy.

4.3 Research commissioned by the Maternal Mental Health Alliance and published in 2014 found that 'taken together, perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK. This is equivalent to a cost of just under £10,000 for every single birth in the country'<sup>1</sup>. The financial incentive

---

<sup>1</sup> <https://www.centreformentalhealth.org.uk/costs-of-perinatal-mh-problems>

for investing in prevention and ensuring people get speedy access to support is clear; where support is not accessible or available in the first instance, many will need more intensive and more costly support further down the line.

4.4 In a survey of 644 people in Wales conducted by Mind in March 2016, we asked the question; if you experienced a mental health problem during pregnancy or during the first year of your child's life, did you receive the support you needed for your mental health problem? 46% of people said no, 43% said yes and 11% of people said they weren't sure. Since that survey there has been development of perinatal mental health community services across Wales and so may well not reflect the current picture, but can serve as an indicator of the extent to which services needed to improve prior to the announcement of the investment of £1.5 million last year.

4.5 The stigma surrounding mental health and the additional societal scrutiny of mothers can make people extremely reluctant to disclose that they are struggling with their mental health or bonding with their infant. Many fear their infant will be taken away from them and they will be viewed as incapable of being a good parent.

## 5. Third Sector partnership working

5.1 The third sector can play a vital role in the delivery of support for those experiencing perinatal mental health problems, and in identifying gaps in service provision through their understanding of local population need. We have set out below some examples of positive partnership working from the Mind network.

5.2 Mind Cymru's Welsh Government funded project, **Two in Mind**, aims to support parents and professionals through:

- Early intervention resources: Making early intervention CBT-based resources (face to face, book and online) available for all family practitioners to use; specifically Enjoy Your Bump (antenatal); Enjoy Your Baby (Post-natal); Enjoy Your Infant (ante/post-natal attachment).
- Training: Building capacity in primary care by training family practitioners in the new accredited Level 3 qualification and Level 2

certificate in Maternal and Infant Mental Health, now part of the Healthy Child Programme Wales recommend training.

5.3 Two in Mind has played a key role in optimising the social and emotional environment of the infant in Wales. This has been achieved by supporting new parents and helping them bond with their children and therefore helping prevent some of the adverse childhood experiences we know can cause lifelong harm. We have built capacity in primary care training over 250 practitioners in understanding the importance of early relationships with a further 250 committed to training in the next few months across health, education, social care and the 3rd sector. Initial results show that there has been a 30% shift in confidence and knowledge for these practitioners directly benefiting the families they work with.

5.4 We have also been supporting Betsi Cadwaladr UHB build capability in perinatal mental health awareness amongst 400 health visitors, midwives and others. 282 individuals have also used our early intervention resources during the ante-natal and post-natal period accessing the resources through digital and face to face CBT courses. The interventions have shown a 100% improvement in low mood symptoms, anxiety and infant/parent relationships.

5.5 **The Perinatal Project** is a joint project between Neath Port Talbot Mind and Abertawe Bro Morgannwg LHB offering a support service for expectant/new mothers who are experiencing mental health or emotional health problems or are identified as at risk of doing so. This project is facilitated jointly by Mind staff, health visitors and play workers, offering a safe, relaxed environment for the mother to gain support, information and advice from staff as well as helping to reduce isolation and build supportive relationships with other new/expectant mums. This early intervention work ensures the woman gets timely support and services when it is needed, resulting in positive outcomes, including – improved well-being, developing and building on coping skills and resilience, and a positive experience of accessing a mental health service. We also offer new and expectant mums a CBT course, entitled ‘Enjoy your Baby’.

## 6. Inpatient provision

6.1 As the committee has already noted, there is currently no specialist mother and baby unit in Wales for perinatal mental health care. Prior to its closure in 2013 there was just one unit in Wales, in the Cardiff and Vale health board area. The closest available support to mothers in Wales requiring care in a mother and baby unit tends to be in Bristol or Birmingham, a considerable journey time from many areas of Wales, in some cases over three hours. This means that many people who need this type of support face a choice between receiving inpatient care more locally but being separated from their infant, or remaining with their infant in a specialist unit but being forced to travel far from their support networks to do so.

6.2 The risks from loss of bonding opportunities in the early days of an infant's life are well evidenced and can have a longer-term impact on mothers, babies and the wider family and result in longer recovery times for mental health problems.

6.3 It is worth noting that although the re-establishment of a unit in Wales would be a step forward, one mother and baby unit in Wales would not fairly deliver an accessible service for all of Wales –for example, if it were based in Cardiff as the unit closed down in 2013 was, many mothers needing inpatient care outside of South Wales would still have to travel far from their families and support networks. Where inpatient services would serve more than one health board area, a fair funding agreement in which the burden was shared between areas would need to be in place to ensure its sustainability.

6.4 We feel the lack of a mother and baby unit in Wales is an issue of political accountability as well as one of accessibility. While these services are delivered in England under different leadership and scrutiny, this leaves a group of patients from Wales receiving a service for which the Welsh Government cannot influence the quality of care and the National Assembly for Wales cannot properly hold the Welsh Government accountable for that quality of care. While cross-border care is commonplace along the Welsh borders in many areas of health care, and is often the best option for a

patient in receiving treatment close to home, we believe this is a very different issue given that many mothers requiring admittance to a mother and baby unit will not live within reasonable distance of one.

6.6 With regards to evidence of need, figures often used pointing to the number of women from Wales who are treated in a mother and baby unit are unreliable in demonstrating how many women require this level of care, due to many women feeling unable to travel a long distance for treatment. We would refer the committee to figures recently obtained through the Assembly Research Service by Steffan Lewis AM, which found that in Cardiff and Vale health board area alone, 21 women between January 2015 and January 2017 were identified that would have been admitted to the Welsh MBU had it been open.

## **7. Community perinatal mental health services**

7.1 As is the case in health services in general, initiatives for prevention and early intervention have a clear financial incentive, and services delivered in the community can reduce the need for more acute or crisis care.

7.2 Mind Cymru welcomed the Welsh Government's £1.5million investment into new community perinatal mental health services last year, albeit with a warning that the need for specialist inpatient care remained an issue. It has been reported that more than 1,500 women have been referred to the new community services since April 2016, demonstrating the demand that existed for these services.

7.3 The research project we are undertaking in partnership with the NSPCC and National Centre for Mental Health will comprehensively report on the availability of provision and the extent to which it is meeting national standards and guidelines. We would however stress the importance of health boards continuing to share learning beyond the period of establishing these services, so that they can deliver the best care they can in the long-term.

## **8. Training for staff**

8.1 When services are working well, the number of professionals and points of contact women (and partners) tend to have during pregnancy and a child's

infancy provides many opportunities for perinatal mental health problems to be disclosed or identified.

8.2 The value of training for staff who are not mental health professionals but can nonetheless play a key role in identifying support needs has been demonstrated through our Two in Mind project. Statutory services who have contact with parents and their infants through the perinatal period must ensure their staff receive a consistent, high quality standard of training to enable them to deliver the best care they can for those at risk of or experiencing perinatal mental health problems.

8.3 Family workers are a key group that need to be reached, not just through broadening the availability of training, but also through raising awareness of its importance and impact in the first instance.