

Response to the Cabinet Secretary for Health, Social Care and Sport's update to the Children, Young People and Education Committee on perinatal mental health

About Mind Cymru

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.

Introduction

Mind Cymru welcomes the opportunity to engage again with the committee on perinatal mental health developments in Wales. There are currently four Local Minds in Wales that deliver perinatal mental health support, and Mind Cymru also ran the 'Two in Mind' project, completed in 2018, which delivered CBT-based early intervention resources and training for family practitioners. We also provide a range of public-facing information resources on various perinatal mental health problems, for pregnant women, new parents and their support networks. Learning from our work in this area has informed our comments.

Ahead of the development of specialist perinatal mental health services across health boards, we sought a baseline for the adequacy of provision. In a survey of over 600 people in Wales by Mind Cymru 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? 45% of people said no, 43% said yes and 11% of people said they weren't sure.

In addition to submitting our own comments on the Cabinet Secretary's update on developments one year on from the publication of the inquiry's report, a joint response has also been submitted on behalf of the five organisations which worked together to produce the research report 'From Bumps to Babies: perinatal mental health care in Wales', which was published in June 2018 and made 24 recommendations for improving perinatal mental health support in Wales. The organisations working together on the research project are: NSPCC Cymru/Wales,

The National Centre for Mental Health, Mind Cymru, The Mental Health Foundation and The Maternal Mental Health Alliance.

Managed Clinical Network (MCN)

Recommendation 1: That the Welsh Government establish and provide national funding for a clinician-led managed clinical network (MCN). The MCN should be provided with the necessary resource including senior clinical and administrative time, and a training budget. This will enable it to provide national leadership, coordination and expertise for the further development of perinatal mental health services and workforce, including in relation to quality standards, care pathways, professional competencies and training resources. The MCN should maintain the multi-disciplinary approach displayed by the current Community of Practice to encourage and develop effective joint working and communication among all relevant professionals.

We're pleased to see that the establishment of a managed clinical network is being taken forward, as it was a key priority within the 'From Bumps to Babies' research report. We recommend that the MCN must include third sector representation to enable seamless care pathways and resources, as third sector services are a crucial part of the perinatal support landscape.

Performance measurement and data collection

Recommendation 2: That the Welsh Government ensure one of the new MCN's first tasks is to agree and publish outcome-based performance measurements for perinatal mental health services. Once these are developed, the Welsh Government should collect and publish national and local data on the measures, with service provision, activity and improvement monitored by a named associated public body (e.g. Public Health Wales) so that further levers for improvement can be identified and implemented.

Recommendation 4: That the Welsh Government ensure, once the urgent work to establish the level of demand for MBU services is completed as requested by WHSSC, more robust data collection and monitoring methods are maintained across the perinatal mental health pathway in order to understand the ongoing level of need and demand for support and to provide a stronger evidence base for future service development.

We are concerned that there is no assurance in the Cabinet Secretary's response that this data will be outcomes-focused, as recommended by the committee. For the data to be meaningful it must cover both clinical outcomes and experience-focused outcomes reported by patients.

While we understand that there are ongoing developments around data collection which will incorporate data around perinatal mental health services, the mental health core data set and the Welsh Community Care Informatics Service (WCCIS) are both a number of years away from being live. Having very limited data to understand how services are performing in the meantime is a significant challenge

to ensuring people are getting the support they need and where improvements must be made, and we would recommend a solution to this in the shorter-term is sought by Welsh Government.

Mother and baby unit provision

Recommendation 7: That the Welsh Government, in light of the fact that an MBU in south Wales will not necessarily be suitable for mothers and families in mid and north Wales, engage as a matter of urgency with NHS England to discuss options for the creation of a centre in north east Wales that could serve the populations of both sides of the border. More certainty should also be established by the Welsh Government in relation to the ability of the Welsh NHS to commission MBU beds in centres in England where those are deemed clinically necessary.

While we are pleased with the commitment to establish provision of a mother and baby unit in South Wales and further provision for women in North Wales, we are increasingly concerned that this service does not yet exist, and does not have a particularly clear timeline for completion, one year on from a commitment being made to deliver it. The “From Bumps to Babies” report highlighted examples of women needing to travel significant distances while severely unwell to get the inpatient support they needed – often to areas in the East of England. We would expect at this point to at the very least have a timeline for the ongoing developments of provision in Wales.

Access to psychological therapies

Recommendation 10: That the Welsh Government ensure work underway on improving access to psychological therapies for perinatal women (and men where necessary) is prioritised given the established link between perinatal ill health and a child’s health and development. Priority should be given to ensuring pregnant and postnatal women with mental health problems have rapid and timely access to talking therapies or psychological services (at primary and secondary care level), with waiting times monitored and published. We request an update on progress in relation to improving access to psychological therapies for perinatal women (and men where necessary) within 12 months of this report’s publication.

Mind’s stance is that no one should have to wait longer than 28 days from the point of referral to access psychological therapies, and that a range of evidence-based psychological therapies should be available in all areas, through both English and Welsh. Currently neither the waiting times targets in primary care nor secondary care meet this aim.

While data on waiting time targets under Local Primary Mental Health Support Services (LPMHSS) is collected and published, the data does not provide a breakdown of the types of therapeutic intervention delivered. These interventions include, but are not limited to some forms of talking therapy, often in a group setting rather than one-to-one. Local Primary Mental Health Support Services are aimed at supporting people with a mild to moderate mental health problem(s). Those needed more specialist support should be offered treatment including

psychological therapies at a secondary care level. The waiting time target for accessing psychological therapies in secondary care is 26 weeks from the point of assessment, and data on whether or not this target is being met is not published, so we have no clear picture of how long people are waiting to access these services.

Access to timely support should be available to all, and is particularly important for issues that arise during and/or are related to pregnancy, birth or a child's infancy. Mind believes that a wait of 26 weeks is far too long and puts people needing support at risk of their mental health worsening during their long wait for treatment. It is vital that the waiting time target is greatly reduced, that targets should be set that include both the wait from referral to assessment, and the wait from assessment to treatment, and that performance and outcomes data is publicly available. The mental health core dataset and other developments in data collection must also disaggregate the data in respect to perinatal services.

For further information or to discuss any issues raised in this submission, please contact Rhiannon Hedge, Senior Policy and Campaigns Officer at r.hedge@mind.org.uk