

CYPE(5)-07-20 – Paper to note 1

Lynne Neagle, AM
Chair, Children, Young People and Education Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dr. Sarah Witcombe-Hayes
NSPCC Cymru/Wales,
Diane Englehardt House,
Treglown Court,
Dowlais Road,
Cardiff CF24 5LQ

11th February 2020

Dear Lynne Neagle, AM

NSPCC Cymru/Wales is writing in response to the follow up work that the Children, Young People and Education Committee is undertaking on its inquiry into perinatal mental health in Wales. NSPCC Cymru/Wales is pleased to see that the Committee is continuing to scrutinise progress to ensure that mums and their families in Wales receive good quality perinatal mental health care.

NSPCC Cymru/Wales welcomes the Welsh Government's commitment to improving perinatal mental health care in Wales. In the Minister's latest update to the Committee (dated October 2019), we were pleased to note that steps have been taken to meet some of the Committee's recommendations. Of particular note is the appointment of the National Perinatal Mental Health Lead for Wales, and the work that has been done to set up the Perinatal Mental Health Board and Perinatal Mental Health Clinical Network, as well as the Perinatal Mental Health Steering Groups established in most of the health boards, and professional forums. Additionally, the Minister's latest update indicates that there has been some improvement in the data that is being collected across Wales, including inpatient admissions data, which helps to build a picture of need.

We are also pleased to see Welsh Government's commitment to perinatal mental health reflected in the recently launched Together for Mental Health Delivery Plan: 2019-22. Under Priority 5 '*Improving access and quality to perinatal mental health services*', it is positive to see milestones on achieving quality standards for specialist perinatal mental health teams, the establishment of a mother and baby unit, training for professionals on perinatal and infant mental health, better access to information, and beginning to understand the needs of fathers.

Despite this progress, there are a number of areas that NSPCC Cymru/Wales feels need to be progressed, expanded on or scrutinised as a matter of priority.

1. Mother and Baby Unit

NSPCC Cymru/Wales recognises that designing and setting up such a specialised mother and baby unit is complex. However, we are concerned with the proposed timescale and disappointed that the mother and baby unit is not planned on being operational until 2021. The Welsh Government first announced their commitment to establishing specialist inpatient support on 1st October 2017, and we feel that four years is far too long for this vital provision to be available for women and their families in Wales. Without the right specialist support, women's lives can be put at risk.

While it is vital for women and families to be able to access specialist inpatient support as soon as possible, NSPCC Cymru/Wales is concerned by the suggestion of an interim solution being available in a psychiatric hospital within the next 12 months. It is essential that any inpatient provision is appropriate for women and their families. Mother and baby units are a specialist model of inpatient care for women experiencing severe perinatal mental health problems. They are specifically designed to provide joint admissions for mothers and babies, rather than mums being separated from their babies, as they would in generic psychiatric units. Mother and baby units are commissioned to not only assess and treat mum's mental health problems, but to support the mother-infant relationship and bond. The multidisciplinary teams within mother and baby units are specifically trained in the treatment of perinatal mental health problems, and in child development. Whereas staff on generic psychiatric wards are unlikely to have specialist perinatal mental health skills, knowledge and training. Research¹ has shown that mother and baby units are felt to be more family centred and better equipped to meet women's need. On the other hand, generic wards were seen to lack the necessary facilities and expertise to support perinatal women adequately, and the separation of mothers and babies was found to be traumatic and detrimental to some women's recovery². NSPCC Cymru/Wales feels that it is important that these findings are given consideration in establishing an interim solution and that more details are given on this provision, including whether women will be admitted with their babies, and whether there will be adequate provision for partners/family to visit. It is also vital that any interim solution does not become long-term provision, replacing the development a permanent fit for purpose mother and baby unit in Wales.

NSPCC Cymru/Wales is concerned that details about mother and baby unit provision for women in North Wales remains unclear. NSPCC Cymru/Wales feels that it is essential that a clear integrated pathway of care for women in North Wales needing inpatient specialist support, is established as a matter of urgency, to ensure that women have timely access to mother and baby unit provision. NSPCC Cymru/Wales would like to see a plan for mother and baby unit admissions for women in North Wales clearly outlined in the next Minister's update to the Committee.

¹ Griffiths et al., (2019) A qualitative comparison of experiences of specialist mother and baby units versus general psychiatric wards. *BMC Psychiatry*. 19(1). pp. 1-15

² Ibid

2. Standards for PMH Services

In the 'Together for Mental Health Delivery Plan' the milestone around perinatal mental health services meeting the All Wales Standards, and Royal College of Psychiatrists Quality Standards (CCQI) is welcome, but more clarity is needed on how this will be achieved, reported on and monitored.

Evidence from NSPCC and partners 'From Bumps to Babies' research showed that at the time of reporting the majority of perinatal mental health services in Wales were not able to provide all aspects of care that women and their families needed, and were therefore unable to meet CCQI quality standards. This is also captured in the 2017 Maternal Mental Health Alliance, Everyone's Business Campaign maps, which showed that less than a third of health boards in Wales had perinatal mental health services that met national standards (see attached). The Maternal Mental Health Alliance will be producing new maps in Spring 2020 and these will provide an updated picture of provision in line with quality standards. The Maternal Mental Health Alliance will write to the Committee when the new maps are launched.

More recently NSPCC Cymru/Wales and Sharon Fernandez (National Lead on Perinatal Mental Health) carried out an informal mapping exercise which explored whether staffing levels and roles within perinatal mental health teams adequately meet the CCQI standards. The exercise indicated that while there have been some increases in staffing within certain roles across Wales (notably occupational therapy, nursery nurses, and administration), there is still a long way to go before perinatal mental health services can meet the CCQI standards for staffing. The exercise showed that the only role to meet the CCQI standards in each health board, was the administration role.

It is important that the achievement of the All Wales Standards and CCQI Standards is closely monitored and reported on. Three perinatal mental health services in Wales have signed up to the Royal College of Psychiatrists' quality standards for review. NSPCC Cymru/Wales feels it is important that all perinatal mental health teams are signed up so they can monitor and benchmark their progress against the standards. NSPCC Cymru/Wales would like to see progress against the standards reported on in future updates from the Minister.

3. Waiting times for assessment and treatment

Currently data on waiting times for assessment and treatment of perinatal mental health problems is not reported on in the Minister's update to the Committee. NSPCC Cymru/Wales feels that it is important for this data to be made available to give a better understanding of whether women in Wales experiencing perinatal mental health problems can get timely access to services and psychological therapies where appropriate.

4. Transparency of funding

NSPCC Cymru/Wales would like to see some more detail around the amount of investment that has gone into developing and improving perinatal mental health in Wales, in particular into developing community perinatal mental health teams since 2015/16. Detailed information about funding would make it easier to track progress.

NSPCC Cymru/Wales feels more ringfenced investment is needed for specialist perinatal mental health teams, to ensure they can successfully achieve the All Wales and CCQI Standards, giving women and their families the best perinatal mental health care.

Fight for a Fair Start

In July 2019, the NSPCC launched a new policy influencing campaign called 'Fight for a Fair Start', which aims to ensure all parents across the UK have fair and equal access to perinatal mental health support – wherever they live. The work in Wales focuses on calling for:

- 1. Dedicated specialist perinatal mental health midwives and health visitors in each health board area, to help identify and support women and their families affected by perinatal mental health problems**
- 2. All women and their families in Wales to be able to access a mother and baby unit that meets national standards, when needed**
- 3. Additional funding to ensure that all women and their families can access high quality specialist perinatal mental health services, wherever they live in Wales**

NSPCC Cymru/Wales is very keen to continue to work with the Committee and campaign for further progress in perinatal mental health care in Wales.

We are available to provide further written or oral evidence, should this be useful.

Yours Sincerely,

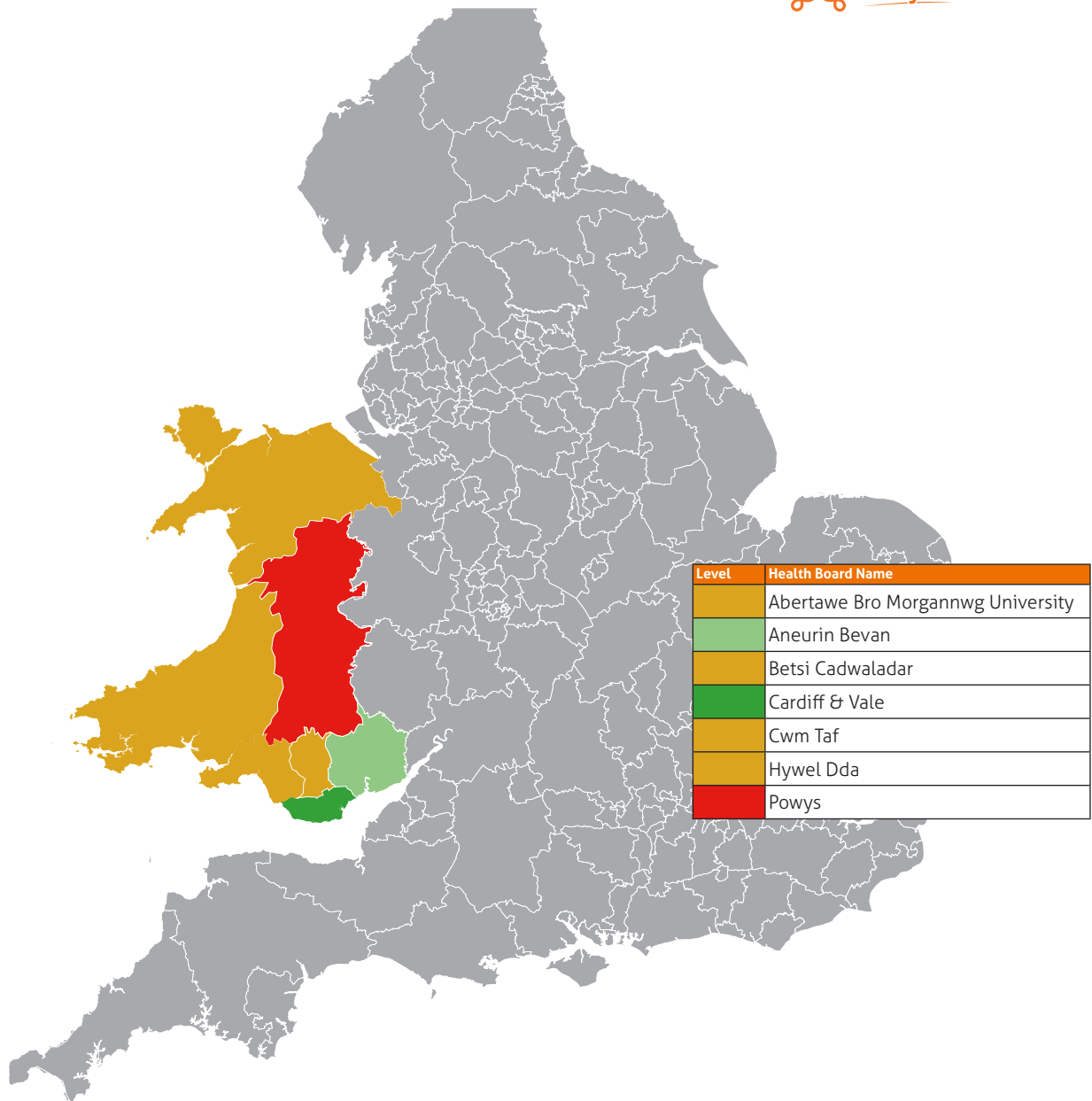
A handwritten signature in black ink, appearing to read 'SWH', is written over a light grey rectangular background.

Dr. Sarah Witcombe-Hayes

Senior Policy Researcher, NSPCC Cymru/Wales

Specialist Community Perinatal Mental Health Teams (Wales)

2017 DATA
(RELEASED APRIL 2018)



LEVEL	COLOUR	CRITERIA
5	Dark Green	Specialised perinatal community team that meets Perinatal Quality Network Standards Type 1 http://bit.ly/2jouvAd
4	Light Green	Specialised perinatal community team that meets Joint Commissioning Panel criteria http://bit.ly/2AhAVeX
3	Yellow-Green	Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours
2	Yellow	Specialist perinatal psychiatrist AND specialist perinatal nurse with dedicated time
1	Light Red	Specialist perinatal psychiatrist or specialist perinatal nurse with dedicated time only
0	Dark Red	No provision

Disclaimer Details in this map and levels of provision have been assessed using the best information available at the time of printing. Please contact info@everyonesbusiness.org.uk if you suspect any inaccuracy.

More than 1 in 10 women develop a mental illness during pregnancy or within the first year after having a baby.

www.maternalmentalhealthalliance.org/campaign

