Cynulliad Cenedlaethol Cymru / National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Iechyd Meddwl Amenedigol | Perinatal Mental Health
PMH 17
Ymateb gan: Cymdeithas Seicolegol Prydain
Response from: British Psychological Society

About the Society

The British Psychological Society, incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. We are a registered charity with a total membership of just over 50,000 and are over 1,500 members in Wales.

Under its Royal Charter, the objective of the British Psychological Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge". We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research.

The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

Publication and Queries

We are content for our response, as well as our name and address, to be made public. We are also content for you to contact us in the future in relation to this inquiry. Please direct all queries to:-

Joe Liardet, Policy Advice Administrator (Consultations)
The British Psychological Society, 48 Princess Road East, Leicester, LE1 7DR
Email: consult@bps.org.uk Tel: 0116 252 9936

About this Response

This response was jointly led for the British Psychological Society by:

Dr Cerith Waters CPsychol, Division of Clinical Psychology and BPS Faculty of Perinatal Psychology

With contributions from:
Dr Joan Burns CPsychol, Division of Clinical Psychology
Dr Sarah Finnis CPsychol, Division of Clinical Psychology
Dr Kirstie McKenzie-McHarg CPsychol AFBPsS, Division of Clinical Psychology
Dr Brenda McLackland CPsychol AFBPsS, Division of Clinical Psychology
Dr Rachel Mycroft CPsychol, Division of Clinical Psychology
Dr Heather O'Mahon CPsychol AFBPsS, Division of Clinical Psychology
Dr Alison Robertson CPsychol, Division of Clinical Psychology
Dr Geraldine Scott-Heyes CPsychol AFBPsS, Division of Clinical Psychology
Dr Fiona Seth-Smith CPsychol AFBPsS, Division of Clinical Psychology
Professor Pauline Slade CPsychol FBPsS, Division of Clinical Psychology and Division of Health Psychology
Dr Anja Wittkowski CPsychol AFBPsS, Division of Clinical Psychology

We hope you find our comments useful.

British Psychological Society response to the National Assembly for Wales' Children, Young People and Education Committee

Perinatal Mental Health

	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
1.	Comments: The Society welcomes the Welsh Government's recent investment in perinatal mental health services in Wales. The level of funding that was

	made available for each health board in 2015 has meant that small specialist community based teams have been set up (excluding Powys) in each health board to support women, their infants and families. The very significant challenge for these new teams, which are currently not well resourced in terms of whole time equivalent staff, is to provide the care and treatment required for women with moderate to severe perinatal mental health problems whilst liaising with and providing training for staff in primary care. At a national level, and as reported to the national steering group for perinatal mental health services in Wales, each Health Board has devoted a significant proportion of their resource to prevention and early intervention. Moving forward, it is imperative that this work continues and expands and that the perinatal mental health services in each health board focus on both the early intervention and management of perinatal mental health problems.
	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).
2.	Comments: The inpatient care for mothers with severe mental health difficulties in Wales is woefully inadequate. Welsh residents are faced with having to choose between travelling great distances to access a Mother and Baby Unit (MBU) in England (leading to a separation from their support network) or being admitted to a non-specialist inpatient facility in their locality and being separated from their infant. General adult psychiatric wards do not have the expertise required to care for women experiencing

	mental health problems during the perinatal period and the guidance is clear in that specialist mother and baby units are required. Additionally, due to the paucity of Clinical Psychology sessions provided in the Welsh Community Perinatal Mental Health teams (see point 3 below) women do not have access to the specialist psychological therapies that are available in England upon transfer back to Wales. Recently, the most well established perinatal community mental health team in Wales in Cardiff and Vale (UHB) has been able to meet the need for psychological therapy following discharge from an MBU due to the recent funding investment. However this provision is not equitable across Wales due to the paucity of Clinical Psychology sessions in the community perinatal mental health teams. In addition, it is important to highlight that when women with severe mental health difficulties choose to remain in Wales and are managed in the community, the safe management of risk related issues are compromised without the support of a local MBU.
	The level of specialist community perinatal mental health provision that exists in each Health Board in Wales and whether services meet national standards.
3.	Comments: Whilst the investment in perinatal mental health services in Wales in 2015 is welcomed and much needed the level of funding for each health board fell short of what is required. As a result, the ability of the perinatal mental health teams to meet the NICE guidance (2014) waiting times target for the assessment (2 weeks from referral) and treatment (4 weeks from referral) for psychological therapies in the perinatal period (NICE, 2015) is compromised. Rapid access to evidence-based psychological therapies for women during the perinatal period is imperative in order to

	reduce the impact of mental difficulties on the mother and the developing foetus/infant. In order to meet NICE guidance in Wales, sufficient numbers of appropriately trained Clinical Psychologists is required in community perinatal mental health services. Direct comparisons between services in Wales and the other UK countries is complicated by the different structure of primary and secondary care mental health services across the different nations. However the Royal College of Psychiatrists have produced guidance for the provision of Clinical Psychology sessions in the community perinatal mental health services which focus on the most severe 5% of women with mental health problems in the perinatal period (RCPsych CR197). In contrast the British Psychological Society (BPS) has produced guidance for the provision of Clinical Psychology sessions in community perinatal mental health services that focus on the most severe 10% of women with mental health problems in the perinatal period (BPS Briefing Paper No. 8). The latter guidance is a much closer fit to the Welsh context because the community perinatal mental health services in Wales have been tasked with focusing on prevention, early intervention, and the care and treatment of women with the most severe mental health problems during the perinatal period. Table 1 below details the allocated number of weekly Clinical Psychology sessions in Wales, by Health Board, against the national recommendations by birth rate. In order to draw on the most current and available guidance, the British Psychological Society and the Royal College of Psychiatry Guidance is cited in the Table 1. In addition, the London Commissioners Guidance for community mental health services was also used to generate the figures which represent an extension of the BP8 estimations. It is important to note that whilst birth rates are often used as an estimate for resources, in the perinatal context the number of women and families that require mental health support will be greater due to the support required for pregnant women and their unborn children.

In contrast to England, Northern Ireland and Scotland, there is no Consultant Clinical Psychologists working in community perinatal mental health services or across maternity services in Wales. Six of the seven health boards have a very minimal number Specialist Clinical Psychology sessions (either band 8a or 8b) allocated to their perinatal mental health service, with no service having even half of the required number of weekly sessions (BPS, BP8; London Commissioners Guidance). In line with the prudent health care agenda, some of the Health Boards in Wales employed assistant Psychologists (non-qualified assistants who cannot deliver therapy without close supervision) to support the provision of psychological therapies in the new services. Whilst these posts are welcomed and much needed, further investment in Specialist and Consultant Clinical Psychology sessions are required in order for the new services to meet national minimum standards (NICE 2014; BPS BP8; RCPsych, CR197). It will be difficult for the new perinatal mental health services to meet the RCPSYCH quality service standards for community perinatal mental services given the current level of funding and Clinical Psychology resource. Where funding in addition to the Welsh government investment in 2015 has been allocated by a Health Board to their perinatal mental health service (e.g. Cardiff and Vale UHB) great steps toward meeting the national standards have been made in recent years, as evidenced by the Royal College of Psychiatry's (RCPSYCH) Quality Improvement Network annual service evaluation. However across Wales, further service development and improvement work is required. To support this we recommend that each perinatal mental health service in Wales is financially supported to part take in the RCPSYCH perinatal quality improvement network.

Health Board	Birth Rate 2015[a]	BPS Briefing paper Number 8 and London Commissioners Guide	RCPsych CR197 Recommended[c]	Allocated Number of Weekly	Allocated Number of Weekly

			Recommended Number of Weekly Clinical Psychology Sessions[b]		Clinical Psychology Sessions	Assistant Psychology Sessions
	Abertawe Bro Morgannwg	5,816	4 Consultant 20 Specialist	6	0 Consultant 2 Specialist	0
	Aneurin Bevan	6,193	4 Consultant 20 Specialist	6	0 Consultant 5 Specialist	10
	Betsi Cadwaladr	7,086	4 Consultant 22 Specialist	6.6	0 Consultant 5 Specialist	0

	Cwm Taf	3,441	3 Consultant 11 Specialist	3.7	0 Consultant 1 Specialist	0
	Cardiff and Vale	5,873	4 Consultant 20 Specialist	6	0 Consultant 9 Specialist	6
	Hywel Dda	3,667	4 Consultant 12 Specialist	3.6	0 Consultant 2 Specialist	5
	Powys	1,123	1 Consultant 3 Specialist	1.1	0 Consultant 0 Specialist	0

	TOTAL	**31,602**	**12.5 Consultant[d] 31 8b 105 8a**	**31**	**24**	**21**

[a] Source = https://www.ons.gov.uk/

[b] 1 session = A ½ day per week. Estimates are rounded up or down to the nearest 1 session

[c] Does not specify banding of posts

[d] Not a sum of the above, an overall calculation based on birth-rate.

	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.
4.	Comments: In recent years great improvements have been made to the screening and detection of perinatal mental health problems in maternity services in Wales; however further improvements are needed across primary care. The primary care mental health support services in Wales have not had staff specially trained to work with mental health problems in the perinatal period. In England, for example, a training programme for primary care staff has been developed for this purpose. The national steering group for perinatal mental health services in Wales is addressing the training needs of staff working in the area of perinatal mental health. However further work and investment is required in primary care if services are to respond in a timely manner to the mental health needs of

	women, partners and their infants during the perinatal period. In particular, greater investment in parent-infant mental health services is required either linked to perinatal services or within CAMHS. The recent, influential LSE report (Bauer et al., 2014) clearly states that over two thirds of the costs of perinatal mental health problems to society are due to their impact on child mental health which makes intervening to improve the quality of the parent-infant relationship early on in life a critical part of service delivery in the context of perinatal mental health problems. This is very important in community teams and in MBUs. As mentioned previously, the absence of a Mother and Baby Unit in Wales is a significant barrier at the tier 3 and 4 end of the care pathway.
	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.
5.	Comments: Across Wales there is much variation in the provision of preconception advice and psychological therapies for mild to moderate depression and anxiety. Similarly access to third sector providers and bereavement support services are variable by region. It is clear that further work is required to support the collaboration between the different organisations and agencies within each region. Perinatal mental healthcare is not routinely covered in antenatal education classes and this would be a welcomed, particularly classes that address the infant's social and emotional development. There are examples of good practice in Wales in terms of different services coming together to work toward a shared vision. For example, in the catchment area of Aneurin Bevan University

	Health Board, a perinatal and infant mental health special interest group has been set up to support the integration and shared working of different teams and agencies (e.g. employees across flying start, the perinatal mental health service, the primary care mental health support service and CAMHS). Further developments like this across Wales will support the greater integration of services along the care pathway, particularly at the primary and secondary care interface.
	Whether services reflect the importance of supporting mothers to bond and develop healthy attachment with her baby during and after pregnancy, including breastfeeding support.
6.	Comments: As reported to the national steering group for perinatal mental health services in Wales, all Health Boards have services that reflect the important of supporting mothers to bond and develop health attachments with their baby. Recently and thanks to Welsh government investment all health boards have 1 or 2 staff members working in the perinatal mental health services trained in the initial stage of Video Interactive Guidance—an evidence based and NICE recommended intervention to support the development of sensitive-attuned parenting to promote healthy attachments between parents and infants (NICE, 2015; NHS Scotland, 2015) . Further investment by Welsh Government in the further stages of Video Interactive Guidance for staff working in the perinatal mental health services will ensure that this evidence based therapy is available in the Welsh services, is it is in other areas of the UK.
	The extent to which health inequalities can be addressed in developing future services.

7.	Comments: Further funding in the area of perinatal mental health will help ensure that health inequalities are addressed in future services. We are not aware of a current report in Wales addressing health inequalities in the context of perinatal mental health. However from a practice based perspective addressing the mental health needs of women whose first language is not English, women with co-morbid mental health and substance misuse difficulties, and women seeking asylum require further attention.
	References
	Bauer, A., Parsonage, M., Knapp, M. et al. (2014). Costs of perinatal mental health problems. London School of Economics and Political Science, London, UK. British Psychological Society (2015). Perinatal Clinical Psychology: A Briefing Paper for NHS Commissioners (BP8). Healthy London Partnership – Transforming London's health and care together (2017). Perinatal mental health services for London: A guide for commissioners. Maternal Mental Health Alliance (MMHA). Maternal Mental Health is Everyone's Business: Supporting Women and their Families (2014). NICE Guidance (2014). Antenatal and postnatal mental health: Clinical management and service guidance. (CG192).

	NICE Guidance (2015). Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care (NG26) NHS Scotland (2015). The Matrix: A guide for delivering evidence based psychological therapies in Scotland. Early intervention, infant mental health risks and disorders. Royal College of Psychiatrists (2012). Quality Network for Perinatal Community Mental Health Services: Service Standards. Royal College of Psychiatrists (2015). Perinatal mental health services: Recommendations for the provision of services for childbearing women (CR197).

End.