

## Perinatal Mental Health: Stakeholder Event, 18 May 2017

Y Pwyllgor Plant, Pobl Ifanc ac Addysg  
Children, Young People and Education Committee

### Summary of evidence

---

The National Assembly for Wales' Children, Young People and Education Committee is undertaking an inquiry to consider how Perinatal Mental Health services are currently provided and how the Welsh Government can improve services for mothers, babies, fathers and families.

As part of the Children, Young People and Education Committee's Inquiry, the Committee held an event with stakeholders on 18 May 2017 to obtain the views of service users and health professionals and to hear about their experiences. Approximately 25 people from across Wales attended the event, providing a range of perspectives.

This is a summary of the key points raised at the event. It is not an exhaustive list of all comments made by participants, nor does it mean there was unanimous agreement on each point amongst all present. It is intended to provide a general picture of the views expressed by the stakeholders.

The comments listed below are not those of the Assembly's Research Service and are a paraphrasing of what participants said.

#### Mother and Baby Unit

One of the most pressing issues raised at the stakeholder event was the lack of provision for inpatient services for women who need admission with their babies, meaning that women with serious perinatal mental health problems are denied the specialist support they need. Nearly all of the participants expressed concerns about gaps in acute care, specifically the lack of a mother and baby unit in Wales.

There are no specialist inpatient services for women who need admission with their babies so patients must either be treated on an adult psychiatric ward with no contact with their baby,

or be treated out of area in England. Several participants raised concerns that general adult psychiatric wards do not have the expertise required to care for women experiencing mental health problems during the perinatal period.

Most of the participants said they would support a centrally funded mother and baby unit in Wales. However, there was a strong feeling that while a unit in South Wales is needed, it would not meet the needs of those in North Wales, and that other smaller facilities or hubs would be needed as well.

There was some discussion about the problems finding inpatient beds at mother and baby units out of area in England; with psychiatric consultants spending a lot of time ringing around to try and find a bed, and sometimes being unable to access inpatient beds in England on an emergency basis. Some participants suggested there should be a Managed Clinical Network in Wales to help search for available beds.

The distance travelled for inpatient beds at mother and baby units in England was also discussed, specifically the impact of being so far from home on the mother and her partner/ whole family. It was suggested that some women refuse the care they need because they do not want to be so far from home; they want to be close to their family/ support network at a time when they are at their most vulnerable.

The impact of perinatal mental health illnesses on fathers/ partners/ the whole family was raised consistently throughout the discussions, highlighting the importance of involving and supporting the wider family, particularly when there are other children involved.

## **Training for healthcare professionals**

A recurrent theme was the importance of ensuring that front line healthcare professionals have sufficient knowledge and training, and the confidence, to identify and respond promptly to perinatal mental health issues. There was a feeling that healthcare staff, including health visitors, midwives and GPs are not always suitably trained to recognise the symptoms, and do not always understand the clinical care pathway or what help or treatment is available. Some participants suggested that having clearer, universal care pathways for perinatal mental health conditions would help.

Specifically, there was a strong view that 'crisis teams' need to be trained in perinatal mental health, and that referral criteria/ thresholds for admission need to be tailored for women with perinatal mental health issues.

## Community perinatal mental health service

The variation among (and in some cases within) Health Boards around the provision of community perinatal mental health services became apparent very quickly during the discussions. It is clear that some Health Boards are still at the early stages of developing their services, others were viewed more favourably in terms of the support they provide. This means those with lived experience have had very different experiences; unfortunately, many participants said they did not get the support or treatment they needed. Several participants said that the statutory provision that is available is not sufficient; explaining that getting a referral into the service can be very difficult, with no clear pathway for accessing support. A phrase used repeatedly was “we had to fight to get the help we needed”. Additionally, some participants said that their experience of accessing services and quality of care, was very much dependent on “individual” practitioners/ clinicians rather than an effective system of support.

Generally, it was felt that there was better provision of services in South Wales than North Wales, and that services are patchy in rural areas. The point was made that community perinatal mental health services only operate between 9am–5pm.

It was clear from the event, the important role the third sector plays in supporting the women and their partners/ family. Those with lived experience also emphasised the importance of peer support, particularly in reducing the stigma around certain conditions.

Several participants said they had paid privately for treatment because waiting times were too long or not available in their areas; there were reports that waiting times for some psychological therapies were around 6 months. There was a clear message that statutory provision of psychological support/ counselling is not timely or adequate to meet demand.

## Continuity of care

The importance of continuity of care cannot be overstated. Participants expressed strong views about this, highlighting the positive benefits of having for example, the same midwife throughout. Many participants said that changes in staff and/ or a lack of communication between professionals undermines continuity of care and forces patients to repeatedly explain their problems and circumstances.

One role that was specifically mentioned by a number of participants is that of the specialist midwife. Those with lived experience spoke highly of their specialist midwife and the important role they can play, especially in providing some continuity of care. But we heard that specialist midwives are not funded by all Health Boards, and those that are in post are overstretched.

Linked to this, some participants who had lived experience of postpartum psychosis told us how too many health professionals were involved in their care after the crisis struck. They say that there should be a single point of contact/key worker to support a mother and her family to navigate their treatment.

There was also a feeling that the role of the GP and the handling of information between GP, health visitors and midwives needs improving. An area of significant concern raised by several participants was the issue of medication in treating antenatal and postnatal depression; with some participants saying that their GP was unsure about which medication to prescribe during pregnancy and/or when breastfeeding.

## **Antenatal education and preconception advice**

Many participants emphasised the importance of de-stigmatising and normalising the mother's experience of perinatal mental health conditions, to help encourage mothers and their families to seek support at the earliest stage. Some participants said that some mothers are reluctant to disclose that they are struggling with their mental health, or bonding with their infant because they fear their infant will be taken away from them. They want to see more discussion about perinatal mental health conditions such as postnatal depression, anxiety and birth trauma included in antenatal classes, explaining that the anxiety of pregnancy and child birth can create the conditions for a mental health condition to develop.

One group suggested that antenatal classes needed to change the way they talk about breastfeeding, because when women cannot breastfeed (for whatever reason), they can feel an enormous sense of failure and despair at being a 'bad mother'. The group also felt that mothers who want to breastfeed need more support and help.