



Our ref: MA - P/VG/2155/17

Lynne Neagle AM  
Chair  
Children, Young People and Education Committee

1 August 2017

Dear Lynne

Thank you for the invitation to meet with the Committee on 12 July as part of your inquiry into perinatal mental health. There were some matters on which I agreed I would write to you following the session.

### **Data Collection**

The All-Wales Perinatal Mental Health Steering Group (AWPMHSG) has established a Pathways and Outcomes sub-group, which is supporting the collection of consistent data. As you know, some figures for the number of referrals are already being collected by some health boards, but this will be refined. I expect all community perinatal mental health teams to be collecting the agreed data in the new year, with reliable reporting data available in March 2018, in line with Public Health Wales' work plan.

### **Access to Psychological Therapies**

Access to psychological therapies for women with perinatal mental health illnesses is available in both primary and secondary mental health care. Work is underway to develop national standard measurements for access to more specialist psychological therapies through the Welsh Information Standards Board (WISB). Health boards will be expected to report on their waiting times from December 2017. We are now exploring the ability to use this data source to measure access for women with perinatal mental health problems with the AWPMHSG and the Community of Practice.

### **Supervision of psychologists**

We also discussed the supervision of specialist perinatal mental health professionals. As community perinatal mental health teams are embedded in health boards, the longer term training and supervisory needs of the teams will be supported by the AWPMHSG. The AWPMHSG includes a sub-group tasked with addressing training needs. It also includes representation from every health board's community team, with psychologists among its membership.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Regarding the need for supervision from outside of Wales, I understand this refers to training supervision, rather than clinical supervision.

## **WHSSC Tier 4 Review**

On 25 July, a paper was presented to the WHSSC Joint Committee regarding Tier 4 Specialist Perinatal Mental Health in Wales. The paper included three shortlisted options for the Joint Committee to consider, as follows:

- Option 1: Perinatal Mental Health Tier 4 Services provided using the IPFR process through a secured contract
- Option 2: A single regional Mother and Baby Unit established for Wales
- Option 3: A regional Mother and Baby Unit established in South Wales and services contracted in England for North Wales.

The full paper can be found at the link below:

<http://www.whssc.wales.nhs.uk/sitesplus/documents/1119/2017.07.25%20WHSSC%20Joint%20Committee%20papers%20%28Web%29.pdf>

I understand the Joint Committee has asked for further information before reaching a decision. My officials are now in discussions with WHSSC to ensure the Joint Committee is in a position to reach a decision as soon as possible.

## **Research on Postnatal Depression**

The Committee asked for any information we may have on research available on the links between being unable to breastfeed and postnatal depression. *Breastfeeding and Postpartum Depression: An Overview and Methodological Recommendations for Future Research*, by Pope and Mazmanian (2016), provides opposing views. There is some research evidencing the protective factors associated with breastfeeding and others expressing an increase in rates of depression if there is perceived 'failure'. Two of these papers are below:

<http://lib.education.vnu.edu.vn/bitstream/DHGD/6782/1/Clinical137.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4842365/>

The UNICEF Baby Friendly Initiative pages also offer some recent research on links between mental health and infant feeding outcomes:

<https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/maternal-health-research/maternal-health-research-mental-health/>

The Welsh Government will continue to monitor evidence in this area but recognises and prioritises the broad health benefits breastfeeding provides for mothers and babies. As part of the annual performance boards, the Welsh Government obtains feedback from health boards on breastfeeding rates and practices in place to support mothers and families. Public Health Wales and Welsh Government are collaborating to address the static growth of breastfeeding in Wales and are setting up a task and finish group to explore practices across Wales and look at strategic direction. Both are committed to improving

breastfeeding rates and support in Wales and seeking to normalise and promote breastfeeding through all its areas of work.

In line with the UNICEF UK Call to Action, Public Health Wales is providing senior strategic leadership to the work as a means of making a bigger and more sustainable impact through a systems approach to normalising breast feeding. This involves a move away from interventions which focus solely on breastfeeding being the responsibility of the woman, to a more societal approach to ensure population level improvement. The goal is not to put pressure on women to breastfeed, but to remove practical, emotional and cultural barriers that currently stop women who want to breastfeed from doing so.

Each health board in Wales has designated Infant Feeding Co-ordinators and provides local support for mums and their families. There are over 100 breastfeeding groups across Wales that offer support in local venues. The support groups provide an excellent source of encouragement, support and information for breastfeeding mums or pregnant women who'd like to find out more. The Health Challenge Wales website provides information on Breastfeeding Support Groups across Wales.

In line with the Together for Mental Health Delivery Plan 2016-19, health boards and Public Health Wales are required to ensure women are offered good information and support. Welsh Government programmes such as Flying Start, Families First and Healthy Child Wales, as well as resources such as Bump, Baby and Beyond, which help support positive health and wellbeing and promote healthy attachment.

Thank you again for my invitation to meet with the Committee and I look forward to reading the findings of your inquiry in due course.

Yours sincerely

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

**Vaughan Gething AC/AM**

Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon  
Cabinet Secretary for Health, Well-being and Sport