

**Cyflwynwyd yr ymateb hwn i ymgynghoriad y [Pwyllgor Plant, Pobl Ifanc ac Addysg](#) ar [Flaenoriaethau'r Chweched Senedd](#)**

**This response was submitted to the [Children, Young People and Education Committee](#) consultation on [Sixth Senedd Priorities](#)**

**CYPE SP 05**

**Ymateb gan: Dr Sarah Witcombe-Hayes, Cydlynnydd Cymru, Cynghrair Iechyd Meddwl Mamau**

**Response from: Dr Sarah Witcombe-Hayes, Wales Coordinator, The Maternal Mental Health Alliance**

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Beth yn eich barn chi yw'r prif flaenoriaethau neu'r materion y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd? Os oes modd, nodwch eich barn o ran sut y gallai'r Pwyllgor fynd i'r afael â hyn.

What do you consider to be the main priorities or issues that the Committee should consider during the Sixth Senedd? Where possible, please set out your view about how the Committee could address them.

**Thema 1: Addysg oedran ysgol | Theme 1: School-age education**

**Thema 2: Addysg bellach ac addysg uwch | Theme 2: Further and higher education**

**Thema 3: Iechyd a lles, gan gynnwys gofal cymdeithasol (i'r graddau y maent yn ymwneud â phlant a phobl ifanc) | Theme 3: Health and well-being, including social care (as they relate to children and young people)**

The Maternal Mental Health Alliance (MMHA) welcomes the opportunity to contribute to the Children, Young People and Education Committee consultation on its key priorities. As a coalition of over 100 organisations, who for the last 10 years have been working together to create change and ensure all women across the UK to get consistent, accessible and quality care and support for their mental health during pregnancy and postnatally, we strongly recommend that the Committee focus some of its time on addressing gaps in maternal mental health care.

More than 1 in 10 women develop a mental illness during pregnancy or within the first year of having a baby. This makes perinatal mental illness one of the most common serious health problems that women experience in pregnancy or within the year after having a baby. If these problems are left untreated, they can have a



devastating impact on the mental and physical health of women, their children, partners and significant others. Perinatal mental illness can cause intense, debilitating, isolating and often frightening suffering for women. They can have a long-term impact on a woman's self-esteem and relationships with partners and family members, as well as an adverse impact on the interaction between a mother and her baby, potentially affecting the child's emotional, social and cognitive development. Perinatal mental health problems are also one of the leading causes of death for women within a year of her having a baby.

The good news is that with the right treatment and support, women and their families can recover. The problem is that maternal mental health problems in women too often go unrecognised, undiagnosed, untreated, and there are gaps in specialist's services that are needed to support families. This is causing huge avoidable suffering for women and their families, and leaving society with a significant economic cost, which far outweighs the cost of providing appropriate services.

During the last Senedd term, on the back of the Perinatal Mental Health inquiry carried out by the fifth Children, Young People and Education committee, providing and improving perinatal mental health care was a key priority for Welsh Government. This included a commitment for all health boards to have an accessible community perinatal mental health service, and for improving access and quality to perinatal mental health services. During this time, we saw small improvements in specialist services available to women and their families; increased investment in recurrent annual funding for specialist perinatal mental health services; the perinatal mental health network established and overseen by a national clinical lead; and the opening of the interim Mother and Baby Unit in South Wales.

While this progress is encouraging, these commitments and steps forward have quite simply, not been enough. Gaps remain in vital perinatal mental health services, meaning many women and families are not receiving the support they need. Many of the recommendations made by the previous Children, Young People and Education committee are left unachieved.

- More work is needed to turn, and keep, the map of specialist services green in Wales. We are very concerned, for example, that only two out of the seven health boards in Wales meet CCQI perinatal quality network standards, that there is an absence of a mother and baby unit (MBU) for families needing specialist inpatient



support in North Wales, and that the commitment for a permanent MBU in South Wales has not yet come to fruition.

We have also seen additional concerns arise and delays to progress as a result of the COVID-19 crisis. Research has consistently shown that COVID-19 has increased the mental health risks new and expectant mums face. A rapid evidence review commissioned by the Maternal Mental Health Alliance and conducted by Centre for Mental Health, highlights that the pandemic has created a mental health crisis for many women and their families in pregnancy and after the birth of their child. This is likely to have long-term consequences for women and their families as well as for health services. We must not forget that the pandemic is ongoing, and the risk posed to perinatal mental health needs urgent attention. It has never been more vital to get perinatal mental health support right for women and families in Wales. We believe that it will be crucial within this Senedd term to ensure that perinatal mental health is a key priority within COVID-19 recovery planning. That is why we strongly recommend that the Committee focus some of its time on perinatal mental health care. We suggest that this could include;

1. Continuing to scrutinise progress against the Perinatal Mental Health Inquiry recommendations

As already outlined, many of the inquiry recommendations have not yet been achieved. We believe that the Committee should continue to scrutinise progress, specifically in relation to;

- Specialist perinatal mental health services meeting quality standards

With significant gaps in specialist services remaining, and the coronavirus pandemic bringing increasing concerns about stress, isolation and perinatal mental health problems for expectant and new mums and their families, it is imperative that the Welsh Government fulfil the commitment to ensure that

specialist perinatal mental health services meet national quality standards in every health board. We believe that this will require additional investment. We also like to see greater financial transparency for perinatal mental health funding, by Welsh Government openly reporting on the annual national and local spend on perinatal mental health across Wales.

- Mother and Baby Units

It is vital that commitments are fulfilled to ensure there is a clear and accessible MBU for families in North Wales, and that there is a permanent unit in South Wales. It is



disappointing and concerning that a clear timeline for this work has not yet been developed.

- Ensuring all care counts for families

All women and families need equitable access to comprehensive, high quality perinatal mental health care, including and beyond specialist perinatal mental health services. Everyone who comes into contact with women before, during or after pregnancy plays a crucial part in improving outcomes for women with or at risk of poor maternal mental health. This relies on a confident, well equipped workforce delivering excellent, safe perinatal mental care and support.

2. An inquiry into the impact of COVID-19 on maternal mental health care in Wales and what is needed to support recovery for families

Parents have faced unprecedented pressures, heightened anxieties, stress and social isolation. Given the evidence collected during the pandemic which suggests that COVID-19 has increased the mental health risks new and expectant mums face, we need to fully understand the picture in Wales and how the pandemic has impacted perinatal mental health and the services that support families. Areas of scrutiny could include;

- An assessment of the true level of need

We feel there is significant merit in conducting an assessment of the level of need for perinatal mental health care now given consequences of the crisis. This is essential for ensuring the right services and workforce are in place to support families with maternal mental health problems.

- Investigate the impact of 'remote' perinatal mental health care

We need to do more work to understand the impact of remote mental health care on women and families. They need to be robustly evaluated to make sure they are appropriate, whether they help people with their mental health, and whether there is an impact on quality, choice, and patient satisfaction.

- Perinatal mental health core data set

In light of COVID, we need up-to-date comparable data on perinatal mental health to understand any changes in demand around referrals, reason for referrals, and waiting times. This needs to include data from the newly opened mother and baby unit. Data must also include robust monitoring across equality groups, to tackle inequalities in prevalence, experience and outcomes.



3. Ensuring perinatal mental health is a key priority in the next Welsh Government's strategy for mental health

Welsh Governments 10-year cross-Government Strategy for mental health and wellbeing 'Together for Mental Health' comes to an end in 2022. It is vital for the next mental health strategy to include commitments to improving perinatal mental health support in Wales. We feel the Committee has an important role in supporting the development of the strategy and in scrutinising the commitments and investments made in mental health support, ensuring that perinatal mental health is a key priority.

We hope that these suggestions will be useful to the Committee, and we would be happy to discuss any areas outlined further.

**Thema 4: Plant a phobl Ifanc | Theme 4: Children and young people**

