

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 42

Ymateb gan: Dr Sarah Witcombe-Hayes, Uwch Ymchwilydd Polisi, NSPCC Cymru a Liz Williams, Swyddog Polisi, Coleg Brenhinol y Seiciatryddion yng Nghymru

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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)

We are writing to you on behalf of a collective of organisations, to respond to the consultation on the Committee's priorities, and to emphasise why we think it is vital that the Children, Young People, and Education Committee focus on the early years, and in particular, perinatal and infant mental health as key priorities within the sixth Senedd.

Perinatal Mental Health

Perinatal mental health problems are one of the most common complications that a woman can experience in pregnancy or within the year after having a baby, with up



to 1 in 5 mums and 1 in 10 dads affected. In 2020, over a quarter (27%) of women in Wales reported that they had a mental health condition at their initial maternity assessmentⁱ. It has also become increasingly clear that the COVID-19 pandemic has elevated the risk of women and their families experiencing mental health problems in the perinatal periodⁱⁱ.

The failure to identify perinatal mental health problems early and provide parents with the right kind of treatment and support, can have a devastating impact on the mental and physical health of women, their children, partners and significant others. In severe cases, perinatal mental illness can be life-threatening, with suicide being one of the leading causes of death for women in the UK during the perinatal periodⁱⁱⁱ. Untreated perinatal mental health problems can also have an adverse impact on the interactions between a mother and her baby, potentially effecting the child's emotional, social and cognitive development^{iv}. However, with timely help and support, women and their families can and do recover from these illnesses. That is why it is so important that women and families can access the right kind of support, at the right time, wherever they live in Wales.

While there have been some improvements in providing perinatal mental health care as a result of the inquiry that the fifth Children, Young People and Education Committee carried out in 2017^v, we are concerned that significant gaps remain, and many of the recommendations from that inquiry have not yet been achieved^{vi}. Only two out of the seven health boards in Wales meet CCQI perinatal quality network standards, and there continues to be an absence of a mother and baby unit (MBU) for families needing specialist inpatient support in North Wales, and a clear timeline for a permanent MBU in South Wales. This means that thousands of women and their families in Wales needing treatment for perinatal mental health problems are at risk of receiving inadequate support. Now more than ever, it is vital that urgent measures are taken to address gaps in support and ensure that women and their families across Wales get consistent, accessible and quality care for their mental health during pregnancy and after birth.

Infant Mental Health

Babies' mental health matters. It is vitally important because mental health during the first years of an infant's life lays the foundations for their future health and wellbeing^{vii}. A baby's healthy mental and emotional development relies on the relationships around them and the quality of care they experience in the first 1000 days. The mental health and the wellbeing of babies and children is inherently linked to the mental health and wellbeing of their parents. Safe and nurturing relationships with parents or carers builds strong foundations for a young child's future physical, social, emotional and cognitive outcomes. But for some parents who are overloaded by difficulties, such as a maternal mental illness, domestic abuse, parental substance misuse and/or poverty, coping with the needs of very young children can be a struggle and it can affect their ability to care for their baby. These relationships can also be affected by neonatal care, where many babies will undergo life-saving



interventions which are unavoidably invasive. These experiences are characterised by a degree of infant-parent separation as well as disruption to caregiving and bonding opportunities. Just like older children, babies and toddlers can experience stress or trauma which can impact their wellbeing and their development, and they need access to mental health support to help mitigate against these adverse childhood experiences^{viii}.

The importance of investing in infant mental health support and strengthening the parent-infant relationship cannot be overstated, given the pervasive and long-term impact of stress and adversity during this critical stage of development, which if left unresolved can lead to mental and physical health difficulties throughout life^{ix}. The provision of early interventions to families that protect and promote babies' mental health, can help build positive relationships that prevent harm, and change future life trajectories. While the evidence is clear that investing in the early years is the most efficient and cost-effective way of transforming outcomes for children, research indicates that there is still very little provision to support the mental health of babies and infants within the first 1000 days, and many professionals do not feel adequately equipped to work effectively with the youngest children^x. This is of particular concern in the context of COVID-19, where evidence has shown that the pandemic has had a negative impact on infant mental health, and has affected parental care^{xi}.

Proposals for the Committee's Priorities

As a collective, we believe that it will be crucial within this Senedd term to ensure that perinatal and infant mental health is a key priority at the centre of COVID-19 recovery planning. We feel that the Committee can help support this by;

1. Monitoring the recommendations from the Perinatal Mental Health Inquiry

Perinatal mental health was an important programme of work for the Children, Young People and Education Committee within the Fifth Senedd^{xii}. While there has been progress since the Perinatal Mental Health Inquiry was carried out^{xiii}, including a small improvement in access to specialist services, and the interim mother and baby unit opening in South Wales, significant gaps in support for families remain^{xiv}. The COVID-19 pandemic has also presented challenges and barriers to further progress against the recommendations^{xv}. We strongly recommend that the Committee allocates time in its work programme to continue to monitor the recommendations from the inquiry and explore the impact of COVID-19 on maternal mental health care. Possible areas of scrutiny could include:

- Reviewing the funding for specialist perinatal mental health services to ensure that teams are fully resourced to be accessible and to meet national quality standards.



- A clear timeline for the permanent MBU in South Wales, and for a unit to be accessible to families in North Wales
- Understanding how the pandemic has impacted perinatal mental health and the services that support families in Wales

2. Committee inquiry into support for babies and their families in the first 1000 days

It is imperative that the mental health and wellbeing needs of infants and their families are specifically recognised and addressed in strategy, policy and service delivery. This is critical for babies to have the best start in life, which following the COVID-19 pandemic, is more important than ever. This is why we propose that the Committee carry out an inquiry that brings infant mental health to the forefront, and explores what support is available for babies and their families in the first 1000 days in Wales. The inquiry could include the following:

- **Support for parent-infant relationships**

Mapping of what services (universal to specialist) are available to support parent-infant relationships and infant mental health within the first 1000 days across local authorities and health boards in Wales

- **Workforce competencies**

Mapping the children's social care and health workforce's confidence and training around supporting infant mental health and parent-infant relationships

3. Ensuring perinatal and infant mental health is addressed as a priority in the next iteration of the Welsh Government's strategy for mental health

As the new Welsh Government will be prioritising investment in mental health services, it is vital for the next Welsh Government mental health strategy and investment programme to focus on the early years with an explicit commitment to improving perinatal and infant mental health support. We would like to see the Committee support the development of the new strategy and scrutinise the investments made in mental health support, ensuring that perinatal and infant mental health is addressed. This would help ensure that perinatal mental health services are adequately resourced to meet national quality standards, so every expectant or new parent in every health board area can access support when it is needed. It would also help shine a spotlight on infant mental health and the policy priorities and services we need in Wales to support parent-infant relationship and address the needs of the most vulnerable babies and young children.



4. Ensuring that the immediate as well as long-term workforce challenges within perinatal mental health are explored and addressed

We are pleased that perinatal mental health is one of the focus areas within the upcoming Mental Health Workforce plan, as it is crucial that the plan makes a commitment to a workforce composition that drives real progress towards meeting the CCQI standards for community perinatal mental health teams. However, we can't escape the immediate challenges to the perinatal mental health and wider perinatal workforce that have both been caused and exacerbated by the pandemic. We are concerned about the risk of NHS staff who have worked tirelessly throughout the pandemic to burn out, reduce their hours or retire early as a consequence of increasing pressures. We would like the Committee to work with NHS staff to monitor the impact of the pandemic on the workforce and find ways to support the mental health and wellbeing of all health and social care staff working in the perinatal period.

We hope that these suggestions will be useful to the Committee as it determines its key priorities.

This letter is endorsed by:



PLANT YNG NGHYMRU
CHILDREN IN WALES





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

ⁱ Welsh Government (2021) [Maternity and birth statistics: 2020](#)



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- ⁱⁱ See: Brophy S, Todd C, Toomey S. (2020) Early findings from first 100+women in Born in Wales <https://ncphwr.org.uk/wp-content/uploads/2020/09/Born-In-Wales-Newsletter-Sep2020-1.pdf>; Brophy S, Todd C, Toomey S. (2020) Early findings from first 200+women in Born in Wales Newsletter 2: <https://ncphwr.org.uk/wp-content/uploads/2020/12/Born-in-Wales-Newsletter-Dec-2020.pdf>; Davenport, M.H., Meyer, S., Meah, V. L., Strynadka, M.C and Khurana, R (2020) Moms Are Not OK: COVID-19 and Maternal Mental Health. *Frontiers in Global Women's Health*. 1 (1): 1-6; Hessami K, Romanelli C, Chiurazzi M, Cozzolino M. (2020) COVID-19 pandemic and maternal mental health: a systematic review and meta-analysis. *J Matern Fetal Neonatal Med*. Nov 1:1-8; Papworth, P., Harris, A., Durcan, G., Wilton, J and Sinclair, C (2021) [Maternal mental health during a pandemic: A rapid evidence review of Covid-19's impact](#). Centre for Mental Health and Maternal Mental Health Alliance; Saunders, B and Hogg, S (2020) [Babies in Lockdown: listening to parents to build back better](#). Best Beginnings, Home-Start UK, and the Parent-Infant Foundation; Thapa, S. B., Mainali, A., Schwank, S. E and Acharya, G (2020) Maternal mental health in the time of the COVID-19 pandemic. *Acta Obstet Gynecol Scand*. 99 (7): 817-818
- ⁱⁱⁱ Knight M, Bunch K, Tuffnell D, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2019; Knight M, Bunch K, Cairns A, Cantwell R, Cox P, Kenyon S, Kotnis R, Lucas DN, Lucas S, Marshall L, NelsonPiercy C, Page L, Rodger A, Shakespeare J, Tuffnell D, Kurinczuk JJ on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care Rapid Report: Learning from SARS-CoV-2-related and associated maternal deaths in the UK March – May 2020 Oxford: National Perinatal Epidemiology Unit, University of Oxford 2020
- ^{iv} See Stein, A., Pearson, R.M., Goodman, S.H., Rapa, E., Rahman, A., McCallum, M., Howard, L.M., and Pariante, C. M (2014) Effects of perinatal mental disorders on the fetus and child. *The Lancet*, 384: 1800–1819; Sutter-Dalley, A. L., Murraray, L., Dequae-Merchadou, L., Glatigny-Dalley, E., Bourgeois, M.L., and Verdoux H. A (2011) A prospective longitudinal study of the impact of early postnatal vs. chronic maternal depressive symptoms on child development. *European Psychiatry*, 26(8): 484-489
- ^v See Children, Young People and Education Committee (2017) [Perinatal mental health in Wales](#). National Assembly for Wales
- ^{vi} See: [Eich cyf \(senedd.wales\)](#)
- ^{vii} National Scientific Council on the Developing Child. (2004). Young children develop in an environment of relationships. Working Paper No. 1. Retrieved from <http://www.developingchild.net>
- ^{viii} Parent-Infant Foundation (2021) [Where are the infants in children and young people's mental health?](#) Findings from a survey of mental health professionals
- ^{ix} Nelson, C. A., Bhutta, Z. A., Burke Harris, N., Danese, A., and Samara, M (2020) Adversity in childhood is linked to mental and physical health throughout life *BMJ* 2020; 37
- ^x See Parent-Infant Foundation (2021) [Where are the infants in children and young people's mental health?](#) Findings from a survey of mental health professionals; Hogg, S (2019) [Rare Jewels: Specialist parent-infant relationships teams in the UK](#). Parent-Infant Partnership UK
- ^{xi} Reed, H with Parish, N (2021) [Working for babies: Lockdown lessons from local systems](#). First 1001 Days Movement; Saunders, B and Hogg, S (2020) [Babies in Lockdown: listening to parents to build back better](#). Best Beginnings, Home-Start UK, and the Parent-Infant Foundation
- ^{xii} See Children, Young People and Education Committee (2017) [Perinatal mental health in Wales](#). National Assembly for Wales
- ^{xiii} See: [Eich cyf \(senedd.wales\)](#)
- ^{xiv} Maternal Mental Health Alliance (2020) [Map of Specialist Community Perinatal Mental Health Teams \(Wales\)](#)
- ^{xv} See: [Eich cyf \(senedd.wales\)](#)

