

## **Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)**

**This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)**

### **HSC PSS 25**

**Ymateb gan: | Response from: [Cynghrair Iechyd Meddwl Mamol](#) | [Maternal Mental Health Alliance](#)**

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## **Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee**

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

### **C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?**

**Q1. Which of the issues listed above do you think should be a priority, and why?**

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The Maternal Mental Health Alliance (MMHA) welcomes the opportunity to contribute to the Health and Social Care 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, MMHA strongly recommend that the Health and Social Care Committee focus some of its time on access to mental health services, and specifically addressing some of the gaps in perinatal mental health care. Within this there will be scope for the Committee to focus on the health and social care workforce, and staff wellbeing.



We have already responded to the priorities consultation for the Children, Young People and Education Committee, but as our suggestions below are focused on accessing perinatal mental health care, we suggest that some of this scrutiny could be undertaken jointly.

### **Why focus on perinatal 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<sup>i</sup>. Perinatal mental health problems are also one of the leading causes of death for women within a year of her having a baby<sup>ii</sup>.

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<sup>iii</sup>. 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<sup>iv</sup>.

During the last Senedd term, on the back of the Perinatal Mental Health inquiry<sup>v</sup> 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<sup>vi</sup>, and for improving access and quality to perinatal mental health services<sup>vii</sup>. 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<sup>viii</sup>.

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<sup>ix</sup>. 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<sup>x</sup>. 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<sup>xi</sup>. 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 Health and Social Care Committee focus some of its time on perinatal mental health care. We believe that this area of focus could lend itself to some joint work between the Health and Social Care Committee and the Children, Young People and Education Committee. This could include;

**1. Work with the Children, Young People and Education Committee 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 by working together the two Committees can have a powerful impact on ensuring women and families can access the support they need. The two Committee's should work together 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. This will enable women and their families to access specialist support when it is needed. For this to happen, 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. A joint inquiry with the Children, Young People and Education Committee 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 Health and Social Care 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 Health and Social Care Committee, and we would be happy to discuss any areas outlined further.

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- <sup>i</sup> There is a wealth of research demonstrating the well established links between perinatal mental health/well being and the short and long term development of babies, see for example 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
- <sup>ii</sup> 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
- <sup>iii</sup> See: [Improving access to specialist perinatal mental health services | Maternal Mental Health Alliance](#)
- <sup>iv</sup> Bauer, A., Parsonage, M., Knapp, M., Lemmi, V., and Adelaja, B (2014) [The cost of perinatal mental health problems](#). Centre for Mental Health and London School of Economics: London
- <sup>v</sup> See Children, Young People and Education Committee (2017) [Perinatal mental health in Wales](#). National Assembly for Wales
- <sup>vi</sup> Welsh Government (2016) [Together for Mental Health: Delivery Plan: 2016-19](#)
- <sup>vii</sup> Welsh Government (2020) [Review of the Together for Mental Health Delivery Plan 2019-2022 in response to Covid 19](#)
- <sup>viii</sup> See Maternal Mental Health Alliance (2020) [Map of Specialist Community Perinatal Mental Health Teams \(Wales\); Eich cyf \(senedd.wales\)](#)
- <sup>ix</sup> Maternal Mental Health Alliance (2020) [Map of Specialist Community Perinatal Mental Health Teams \(Wales\)](#)
- <sup>x</sup> 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
- <sup>xi</sup> 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