

## Datganiad 1

Mae'r Pwyllgor yn awyddus i glywed sut y mae gwasanaethau'n cysylltu gyda'i gilydd o dan ymbarél Iechyd Meddwl Amenedigol, gan gynnwys gwasanaethau iechyd meddwl amenedigol arbenigol, gwasanaethau mamolaeth, gwasanaethau iechyd meddwl cyffredinol i oedolion, unedau cleifion mewnol i famau a babanod, gwasanaethau iechyd meddwl i rieni a babanod, ymwelwyr iechyd, gwasanaethau seicoleg glinigol a bydwreigiaeth, Meddygon Teulu a'r tîm gofal sylfaenol estynedig, rôl y trydydd sector a grwpiau cymorth lleol, a darparwyr gwasanaethau preifat.

Mae'n gofyn am dystiolaeth benodol o:

Dull Llywodraeth Cymru o ymdrin ag iechyd meddwl amenedigol gyda ffocws penodol ar atebolrwydd ac ariannu gwasanaethau iechyd meddwl amenedigol, gan gynnwys atal, canfod a rheoli problemau iechyd meddwl amenedigol. Bydd hyn yn cynnwys a wneir y defnydd gorau o adnoddau.

## Sylwadau

Mae salwch meddwl amenedigol yn gyffredin ac yn effeithio ar o leiaf 10% a hyd at 20% o ferched. Mae gwasanaethau iechyd meddwl amenedigol da'n achub bywydau ond hefyd yn atal niwed hirdymor i ferched, eu teuluoedd a'u plant.

Mae'r Bwrdd Iechyd yn ymrwymedig i weithio mewn partneriaeth i wella canlyniadau ar gyfer plant a theuluoedd ac ar hyn o bryd yn rhoi blaenoriaeth i weithio ar 1000 diwrnod cyntaf y llwybr bywyd ac ar atal a lliniaru Profiadau Andwyol mewn Plentyndod (ACES). Mae'r rhain yn flaenoriaethau penodol fel rhan o'n gwaith cynllunio a strategaeth. Mae'r Bwrdd Iechyd yn rhan o raglen gydweithredol 1000 diwrnod Cymru Well Wales, gyda phrosiect braenaru ar waith yn Wrecsam. Fel rhan o'r ffocws cryf hwn ar y blynyddoedd cynnar, mae iechyd meddwl amenedigol yn flaenoriaeth gyda chymau clir yng Nghynllun

## Gweithredu 2017–2018 y Bwrdd Iechyd.

Yn dilyn derbyn cyllid ychwanegol gan Lywodraeth Cymru, mae'r Bwrdd Iechyd yn y broses o sefydlu tîm iechyd meddwl amenedigol newydd. Mae cysylltiadau rhwng gwahanol wasanaethau'n cael eu cryfhau dan arweiniad Grŵp Llywio Iechyd Meddwl Amenedigol y Bwrdd Iechyd. Mae gan y grŵp gynrychiolaeth o'r holl randdeiliaid allweddol perthnasol gan gynnwys gofal sylfaenol, gwasanaethau merched, gwasanaethau plant, gwasanaethau iechyd meddwl i oedolion, CAMHS ac iechyd y cyhoedd. Mae canllawiau a phrosesau atgyfeirio ar gyfer y gwasanaeth newydd yn cael eu datblygu.

Bydd y tîm arbenigol newydd yn sicrhau bod: :

- Llwybrau clinigol clir yn eu lle ynghyd â mynediad gwell at wasanaethau
- Lles meddwl yn cael ei hyrwyddo'n gyffredinol gan bob gwasanaeth sy'n rhan o roi gofal i ferched beichiog a'u teuluoedd
- Cymorth a hyfforddiant ar gael i staff rheng flaen
- Y gofal a roddir i famau beichiog a'u teuluoedd yn cael ei gydgysylltu a'i integreiddio â'r gwasanaethau cymdeithasol o dan Ddeddf Gwasanaethau Cymdeithasol a Lles (2014)
- Comisiynu'r trydydd sector i ddarparu ymyriadau cymunedol yn cael ei gydgysylltu

Mae'r Gwasanaeth Iechyd Meddwl Amenedigol newydd yn sefydlu cysylltiadau â gwasanaethau CAMHS arbenigol ar draws y Gogledd i ystyried cyfleoedd i gydweithio â babanod lle nodir bod angen sylweddol. Mae targedu babanod rhieni gyda phroblemau iechyd meddwl, yn enwedig lle mae problem ymlyniad wedi'i hadnabod, yn flaenoriaeth er mwyn atal anawsterau iechyd meddwl nes ymlaen.

## Datganiad 2

Patrwm y gofal cleifion mewnol i famau gyda salwch meddwl difrifol ac sydd angen eu derbyn i'r ysbyty, ar draws yr unedau mamau a babanod arbenigol (unedau mamau a babanod dynodedig yn Lloegr) a lleoliadau eraill i gleifion mewnol yng Nghymru. (Ers 2013 nid oes uned mamau a babanod wedi bod yng Nghymru).

### Sylwadau

Mae atgyfeiriad at uned mamau a babanod sy'n bell o adra'n rhoi straen sylweddol ar deulu oherwydd y teithio sydd angen ei wneud gan ychwanegu at y trallod a brofir ar amser sydd eisoes yn eithriadol anodd. Mae ystyriaethau hefyd i deuluoedd Cymraeg sy'n defnyddio gwasanaethau mewn unedau y tu allan i Gymru, fel iaith i gleifion sy'n siarad Cymraeg.

Dylid ystyried sefydlu Rhwydweithiau Clinigol Arbenigol ar gyfer Iechyd Meddwl Amenedigol yn yr un modd ag y darperir ar gyfer agweddau eraill ar ofal mamolaeth fel y galon, iau, niwroleg ac unedau mamolaeth ffetysol (FMU). Teimlai'r Bwrdd Iechyd y byddai'n amserol adolygu'r gwasanaethau gofal trydyddol a'r rhwydweithiau clinigol iechyd meddwl amenedigol presennol i deuluoedd o Gymru o ran nifer, canlyniadau, galw a'r angen am y gwasanaeth hwn ar hyn o bryd.

### Datganiad 3

**Lefel y ddarpariaeth iechyd meddwl amenedigol gymunedol arbenigol ym mhob Bwrdd Iechyd yng Nghymru ac a yw'r gwasanaethau'n cwrdd â safonau cenedlaethol.**

### Sylwadau

Mae'r gwasanaeth iechyd meddwl amenedigol newydd yn cael ei sefydlu'n unol â chanllawiau a safonau cenedlaethol. Gallai rhai o'r safonau presennol fod yn heriol i'r gwasanaeth newydd eu cwrdd, fel argymhelliad y RCOG i roi mynediad chwim at ofal seicolegol o fewn 4 wythnos i atgyfeirio, o ystyried lefel bresennol y galw a daearyddiaeth eang Gogledd

Cymru. Bydd y gwasanaeth yn cael ei archwilio'n barhaus i asesu perfformiad yn erbyn safonau cenedlaethol ac i dynnu sylw at unrhyw beth sydd angen ei wella.

Mae'r rhan fwyaf o'r problemau iechyd meddwl amenedigol a brofir gan famau'n disgyn i'r categori ysgafn i gymedrol. Bydd hefyd angen ffocws ar ferched a theuluoedd nad ydynt yn cwrdd â'r trothwy i gael eu hatgyfeirio at y gwasanaeth newydd, ond sy'n profi problemau iechyd meddwl amenedigol neu'n cwffio iselder yn dilyn genedigaeth eu plentyn. Mae'r gwaith presennol gan y Bwrdd Iechyd yn edrych ar hyn fel rhan o'r llwybr 1000 diwrnod cyntaf i sicrhau'r canlyniadau gorau i *bob* plentyn a theulu ac mae ymwybyddiaeth gref o effaith ACES yn y Bwrdd Iechyd. Mae gweithio mewn partneriaeth â'r trydydd sector ac edrych ar eu rôl yn cefnogi teuluoedd hefyd yn agwedd allweddol ar hyn.

#### **Datganiad 4**

**Y llwybr gofal clinigol presennol ac a yw'r gwasanaethau gofal sylfaenol presennol yn ymateb yn brydlon i gwrdd ag anghenion iechyd meddwl a lles emosiynol mamau, tadau a'r teulu ehangach yn ystod beichiogrwydd a blwyddyn gyntaf bywyd y baban.**

#### **Sylwadau**

Mae gan y timau gofal sylfaenol rôl allweddol mewn adnabod a chefnogi merched gyda phroblemau iechyd meddwl amenedigol. Mae'r rhan fwyaf o broblemau iechyd meddwl cyn, yn ystod ac ar ôl beichiogrwydd yn cael sylw gan y gwasanaethau gofal sylfaenol, nid y timau iechyd meddwl arbenigol. Mae ganddynt rôl allweddol i'w chwarae mewn cefnogi creu cynlluniau gofal i ferched gyda phroblemau iechyd meddwl ac mewn rhoi cyngor ar ragnodi priodol yn ystod beichiogrwydd a bwydo ar y fron. Mae ganddynt hefyd rôl allweddol i'w chwarae mewn adnabod problemau a chynnig cymorth i ferched sy'n mynd am archwiliadau cyn-feichiogi, cynenedigol ac ôl-enedigol gan y gwasanaethau gofal sylfaenol ac mewn gweithio fel rhan o'r tîm amlddisgyblaethol yn cefnogi merched a theuluoedd.

Bydd y cyswllt rhwng y tîm iechyd meddwl amenedigol newydd a'r timau gofal sylfaenol yn hollbwysig. Mae angen i'r llwybrau clinigol presennol a newydd adlewyrchu'r rhyngwyneb pwysig hwn. Mae cyfathrebu da rhwng Meddygon Teulu a'r tîm gofal sylfaenol ehangach, fel ymwelwyr iechyd, bydwagedd cymunedol a thimau iechyd meddwl cymunedol, hefyd yn rhan allweddol o unrhyw lwybr a strategaeth iechyd meddwl amenedigol. Dangosodd adolygiadau o farwolaethau'r fam dro ar ôl tro pa mor hanfodol bwysig yw cyfathrebu effeithiol a phrydlon rhwng gweithwyr iechyd proffesiynol.

Byddai'n ddefnyddiol cael llwyfan i ymgysylltu â Meddygon Teulu ar lefelau lleol, cenedlaethol a rhanbarthol ar iechyd meddwl amenedigol. Mae Coleg Brenhinol yr Ymarferwyr Cyffredinol (RCGP) wedi datblygu pecyn rhagorol ar iechyd meddwl amenedigol (gweler Atodiad 1).

Mae gweithredu Rhaglen Plant Iach Cymru'n cynyddu'r cysylltiadau cyffredinol a gynigir i rieni gan Wasanaethau Ymwelwyr Iechyd. Bydd asesu iechyd meddwl a rhoi cymorth i deuluoedd yn rhan bwysig o'r rhaglen HCP.

Gallai gwreiddio llwybrau i sicrhau bod Meddygon Teulu (a / neu fferyllwyr cymunedol) yn cyflawni profion beichiogrwydd fel mater o drefn fod yn gyfle i sgrinio am risg o salwch meddwl a darparu'r gofal priodol o ddechrau un y beichiogrwydd (ynghyd â mynediad amserol at ofal beichiogrwydd arall).

#### **Datganiad 5**

Ystyried pa mor dda y mae gofal iechyd meddwl amenedigol wedi'i integreiddio, gan gynnwys addysg cynenedigol a chyngor cyn-feichiogi, hyfforddiant i weithwyr iechyd, mynediad cyfartal ac amserol at gymorth seicolegol ar gyfer anhwylderau iselder a gorbryderu ysgafn i gymedrol a mynediad at gymorth profedigaeth a chymorth gan y trydydd sector.

#### **Sylwadau**

Mae'r holl dimau ymwelwyr iechyd wedi derbyn hyfforddiant undydd gan MIND Cymru. Yn ogystal â'r hyfforddiant hwn mae rhai Ymwelwyr Iechyd wedi cyflawni hyfforddiant ychwanegol mewn Iechyd Meddwl Mamau a Babanod, gyda'r staff yma'n rhoi cymorth ychwanegol i'w cydweithwyr.

Bydd gan y tîm Iechyd meddwl amenedigol newydd hefyd rôl bwysig i'w chwarae mewn cynorthwyo i hyfforddi grwpiau staff allweddol gan weithredu fel adnodd arbenigol.

Sefydlwyd y Gwasanaeth Cymorth Amenedigol Teuluoedd Gyda'i Gilydd yng Ngogledd Cymru, wedi'i ddarparu gan Family Action, corff trydydd sector. Nod y prosiect hwn yw rhoi cymorth wedi'i bersonoleiddio i deuluoedd i'w helpu i oresgyn anawsterau. Mae'r gwasanaeth hwn wedi'i gysylltu i'r gwasanaethau Ymwelwyr Iechyd gyda theuluoedd yn cael eu hatgyfeirio ato fel mater o drefn.

Mae'r Bwrdd Iechyd yn teimlo bod y canlynol yn feysydd sydd efallai angen mwy o fuddsoddiad a datblygiad:

- Achub ar bob cyfle yn y cyfnod cyn-feichiogi wrth gael cyswllt wedi a heb ei gynllunio.
- Mae angen hyfforddiant ar grwpiau proffesiynol ehangach i godi proffil Iechyd meddwl amenedigol, pa mor aml y mae'n digwydd, ei oblygiadau a sut i'w adnabod a chyfeirio pobl ymlaen am gymorth.
- Mae gan y trydydd sector rôl allweddol i'w chwarae ac yn aml yn cefnogi merched gydag iselder a gorbryderu ôl-enedigol, sy'n dioddef o Anhwylder Straen Wedi Trawma (PTSD) ac sydd wedi cael profedigaeth. Mae'r grwpiau hyn yn ffynonellau cymorth gwerthfawr ac yn gallu bod yn rhan bwysig o'r llwybr gofal i deuluoedd.
- Gallai fod gan ymgyrchoedd i godi ymwybyddiaeth y boblogaeth hefyd werth a gallent gysylltu i lawer o'r gwaith proffil uchel sy'n cael ei wneud ar hyn o bryd i leihau'r stigma ynghlwm wrth Iechyd meddwl ac annog pobl i fod yn fwy agored ac i gyfathrebu mwy mewn teuluoedd a chymunedau. Yn aml iawn mae merched gyda phroblemau Iechyd meddwl amenedigol yn teimlo'n arbennig o agored i niwed ynghylch datgelu eu teimladau rhag ofn i eraill farnu eu sgiliau magu plant. Mae diagnosis yn aml yn cael ei ohirio o'r herwydd.

## Datganiad 6

A yw gwasanaethau'n adlewyrchu pwysigrwydd cefnogi'r fam i fagu cwlwm a chreu ymlyniad iach â'i baban yn ystod ac ar ôl beichiogrwydd, gan gynnwys cymorth i fwydo ar y fron.

## Sylwadau

Mae ffocws cryf wedi bod ar waith iechyd meddwl babanod ac yn y blynyddoedd cynnar ledled y Gogledd: gwnaed cynnydd da'n dilyn darn o waith ar y cyd rhwng timau CAMHS arbenigol a'r Gyfarwyddiaeth Iechyd y Cyhoedd yng Ngogledd Cymru. Cafodd un-ar-ddeg o argymhellion eu blaenoriaethu a'u cadarnhau ar gyfer eu gweithredu ym mis Chwefror 2016. (Atodiad 2)

Byddai'n ddefnyddiol pe gallai tystiolaeth ddiweddar o ba mor gyffredin a beth yw effeithiau Profiadau Andwyol mewn Plentynod (ACES) helpu i godi pwysigrwydd atal a lliniaru salwch meddwl amenedigol ynghyd â salwch meddwl yn y teulu ehangach. Mae salwch meddwl yn y cartref yn effaith ACES gydnabyddedig ac iselder y fam yw'r risg fwyaf i ymlyniad cynnar a phob agwedd ar ddatblygiad plentyn, yn enwedig lleferydd ac iaith.

Mae'r Bwrdd Iechyd yn gweithio'n unol â chanllawiau BFI UNICEF sydd o blaid cyswllt croen-wrth-groen yn syth ar ôl yr enedigaeth i gryfhau ymlyniad a hyrwyddo dechrau bwydo ar y fron. Derbyniwyd achrediad UNICEF ar y lefel uchaf ac mae gwaith ar y gweill i sicrhau bod ansawdd yn gwella'n barhaus yng nghyswllt agweddau pwysig fel archwiliadau croen-wrth-groen. Mae strategaeth bwydo babanod hefyd yn cael ei ddatblygu fydd yn rhoi ffocws cryf ar fagwraeth, ymlyniad a datblygiad cynnar yr ymennydd drwy gyswllt croen-wrth-groen a chefnogi magu plant mewn ffordd ymatebol o'r dechrau gan bob rhiant. Diben y strategaeth yw cysylltu cymorth gyda bwydo ar y fron, ymlyniad cynnar a lles ac iechyd meddwl da.

Mae gan Gymru, fel gweddill y DU, rai o'r cyfraddau bwydo ar y fron isaf yn y byd sydd heb newid rhyw lawer ers dros ddegawd er ein hymdrechion gorau. Mae gan ferched sydd eisiau bwydo ar y fron ond nad ydynt yn bwydo ar y fron yn y

diwedd tua dwywaith y risg o ddioddef Problemau Iechyd Meddwl Amenedigol. Yng Ngogledd Cymru rydym yn gyson yn gweld nifer uchel o famau'n rhoi'r gorau i fwydo ar y fron yn y 10 diwrnod cyntaf. Mae cysylltiad rhwng y patrwm hwn ac Iechyd Meddwl Amenedigol - o ran effeithiau negyddol dioddef o salwch meddwl ar barhau i fwydo ar y fron a risg gynyddol y bydd problemau iechyd meddwl yn codi ymhlith merched sydd eisiau parhau i fwydo ar y fron ond na fedrant oherwydd diffyg cymorth ar y dechrau neu am resymau eraill. (Atodiad 3 - erthygl ar y cysylltiad rhwng bwydo ar y fron ac iechyd meddwl / lles)

Mae angen i'r gwasanaethau gofal sylfaenol, yn gyffredinol, roi sylw i ragnodi yn y cyfnod Ilaetha oherwydd mae mamau gyda phroblemau Iechyd Meddwl Amenedigol yn dweud yn aml y bu'n rhaid iddynt roi'r gorau i fwydo ar y fron er mwyn cymryd meddyginiaeth.

#### **Datganiad 7**

**I ba raddau y gellir datrys anghydraddoldebau iechyd wrth ddatblygu gwasanaethau yn y dyfodol.**

#### **Sylwadau**

Mae iechyd meddwl gwael wedi'i gysylltu'n gryf i anghydraddoldeb fel achos ac fel canlyniad.

Mae perthynas gariadus, sicr a dibynadwy gyda rhieni'n meithrin lles meddyliol ac emosiynol plentyn, eu gallu i greu a chynnal perthnasoedd cadarnhaol ag eraill, datblygiad iaith a'r ymennydd a'r gallu i ddysgu. Mae gwasanaethau cyffredinol i bawb yn allweddol i fynd i'r afael ag anghydraddoldeb a deall bod angen gwasanaeth estynedig i gefnogi rhai gyda mwy o anghenion.

Drwy weithredu rhaglen Plant Iach Cymru'n llawn bydd yn bosib cynnig gwasanaethau i bawb ynghyd â gwasanaethau ychwanegol lle bo angen, yn dilyn asesiad o angen. Mae recriwtio staff ymwelwyr iechyd yn gallu bod yn anodd ond mae'r Bwrdd Iechyd yn ymrwymedig i weithredu'r rhaglen HCP yn llawn. Mae gwasanaethau iechyd sy'n ymgysylltu'n rheolaidd â



theuluoedd mewn sefyllfa dda i adnabod unrhyw broblemau newydd a chydgyssylltu gofal. Mae adnabod ac ymyrryd yn gynnar yn hollbwysig.

Yn ogystal â gweithredu'r Rhaglen Plant Iach yng Ngogledd Cymru, mae'r canlynol hefyd ar y gweill:

- Mynediad at hyfforddiant parhaus i wasanaethau Ymwelwyr Iechyd
- Timau CAMHS arbenigol i hyrwyddo'r rhaglen Pum Ffordd at Les, drwy weithio mewn partneriaeth ag Awdurdodau Lleol a chydweithwyr o'r Trydydd Sector
- Hyrwyddo'r un negeseuon yn gyson ar draws y gwahanol wasanaethau – gwasanaethau ymwelwyr iechyd cyffredinol, gwasanaethau iechyd meddwl amenedigol ac iechyd meddwl i oedolion a thimau CAMHS arbenigol.

Yn ddiweddar bu'r gyfarwyddiaeth iechyd meddwl yn arwain ar ddatblygu ymgyrch lwyddiannus drwy'r cyfryngau cymdeithasol yn targedu merched ifanc. Nod *Ewch Amdani* yw codi dyheadau a rhoi cyngor ar les ac iechyd emosiynol i ferched ifanc. Bydd arfogi pobl ifanc i fod yn emosiynol wydn ac yn barod i fagu plant yn helpu i wella iechyd meddwl a lles ac, yn ei dro, yn gwella'r canlyniadau yn y pen draw.

<http://ewchamdani.cymru/>

**Ymatebion personol i'r panel**

**Enwau staff sydd wedi eu hadnabod i fod yn fodlon rhoi tystiolaeth yn bersonol**

Cysylltwch â ni os oes angen gwneud hyn a byddwn yn adnabod aelodau staff.

Atodiad 1

## **Pecyn y RCPG ar Iechyd Meddwl Amenedigol**

<http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx>

## **Adnoddau i Hybu Lles**

<http://www.bftalliance.co.uk/wp-content/uploads/2014/02/wellbeing-plan-with-NICE-and-RCGP.pdf>

<https://www.rcog.org.uk/globalassets/documents/guidelines/best-practice-papers/best-practice-paper-1---postpartum-family-planning.pdf>

<https://www.rcog.org.uk/globalassets/documents/guidelines/working-party-reports/maternitystandards.pdf>

Mae'r elusen Pause <http://www.pause.org.uk/> yn edrych yn benodol ar wella bywydau merched sy'n cael un beichiogrwydd risg uchel ar ôl y llall a lle tynnir y plentyn oddi ar y fam bob tro, er mwyn torri'r cylch.

## Atodiad 2

Mae cynlluniau ar y gweill ar draws Gogledd Cymru i ddatblygu gwaith iechyd meddwl babanod ac yn y blynyddoedd cynnar. Gwnaed cynnydd da'n dilyn darn o waith ar y cyd rhwng timau CAMHS arbenigol a'r Tîm Iechyd y Cyhoedd yng Ngogledd Cymru. Cafodd un-ar-ddeg o argymhellion eu blaenoriaethu a'u cadarnhau ar gyfer eu gweithredu ym mis Chwefror 2016.

### Approved at Emotional Health and Well-being Service Board February 2016

#### **Specialist CAMHS and the Early Years (children aged 0 – 7 years)**

Current provision remains highly variable across North Wales for children in the early years. Public Health Wales led a working group in 2014 which completed an emotional health and wellbeing needs assessment focused on the early years. These findings led to the recommendations below. A draft summary report was presented to Service Board December 2014, final report available August 2015. Eight themes in total were identified, these are collapsed into three broad themes for the purpose of developing next steps in specialist CAMHS

- Supporting parental mental well being including supporting parent-child interaction and attachment
- Prevention and early intervention including recognising and responding to circumstances that increase vulnerability
- Provision of specialist CAMHS interventions including advice and support to staff working in front line/tier 1 community services

#### **Recommendation**

That the Emotional Health and Wellbeing Service Board considers and supports the following recommendations for implementation in specialist CAMHS – further details are outlined in table 1 below and in the attached final needs assessment document:

1. Identify specialist CAMHS practitioner capacity in all teams to focus on early years and ensure that assessment and intervention in primary and secondary care is routinely available to children age 0–7 years who meet criteria and threshold via SPoA
2. Deliver information and skills training for the early years workforce and support implementation fidelity through professional consultation and supervision
3. Ensure skills are in place to deliver evidence based interventions to children age 0–7 years with more severe difficulties
  - a. Behavioural analysis skills
  - b. Incredible Years basic programme and baby and toddler programme add on days (group programmes covering 0–7 ages)
  - c. EPaS–2 (2014) (individual behavioural programme)
  - d. Video Interaction Guidance (VIG)
  - e. Fun Friends and Adult Resilience programmes from the Friends suite of interventions to prevent anxiety
4. Identify a minimum of 2–3 specialist CAMHS practitioners per area who will train to supervisor and mentor/coach/trainer levels and maintain this capacity over time in each of the above modalities – behaviour analysis, Incredible Years, EPaS–2, VIG, Friends
5. Define clear pathways from universal services into specialist CAMHS for behavioural, feeding, toileting and sleep problems and equip specialist CAMHS practitioners with skills to deliver directly to those with moderate to severe level difficulties

6. Ensure that clinical leads in each area lead the implementation of emotional and mental health interventions for children looked after
7. Progress integration of child health psychology services across North Wales teams
8. Recruit a Child Psychotherapist and define a work plan
9. Identify age appropriate books and information for young children and parents and ensure available through website and local teams
10. Ensure that the emotional and mental health priorities for key universal services – health visiting, school nursing and midwifery are agreed and implemented and clinical leadership links to multi-agency steering groups in Education are in place
11. Ensure all early years developments are closely linked to the North Wales peri-natal mental health pathway and adult mental health

**Table 1: Specialist CAMHS and the Early Years**

No	Key findings by Theme	What is needed? (Public Health Wales led working group)	What needs doing in Specialist CAMHS?	R/A/G
3.1	<p><b>Supporting parental mental health and wellbeing</b></p> <p><b>Supporting</b></p>	<p>a) adopting 5 ways to wellbeing as means of engaging staff and parents in discussion about helpful ways to look after own mental health and wellbeing</p>	<p>1. Adopt and maintain 5 ways with specialist CAMHS staff, universal health professionals including GPs and especially Midwives and Health Visitors and with staff teaching the foundation phase in education settings</p> <p>2. Teach parents about the 5 ways during pregnancy</p>	

No	Key findings by Theme	What is needed? (Public Health Wales led working group)	What needs doing in Specialist CAMHS?	R/A/G
	<b>parent-child interaction and attachment</b>	recognising that detecting and intervening with early stage emotional health difficulties is important	3. Agree the universal mental health promotion role and priorities for Midwives, Health Visitors and School Nurses	
		b) Ensuring that AMH service providers recognise that many of the people they support are parents and may need specific support for their parenting role in addition to treatment for their mental health	<ol style="list-style-type: none"> <li>1. Engage in discussion and planning of new perinatal mental health services for North Wales</li> <li>2. Ensure early years and perinatal pathways and interventions are joined up and integrated</li> <li>3. Build close working relationships with colleagues in adult mental health services to promote joint working with parents</li> <li>4. Consider targeting specific groups of parents for early help e.g. parents known to have mental health problems, disability, social isolation and parents who are young</li> </ol>	
		c) Providing consistent advice to all parents on the importance of positive interaction, play, talking and reading with infants and toddlers	<ol style="list-style-type: none"> <li>1. Identify practitioners in each specialist CAMHS team to work with children age 0–7 years</li> <li>2. Train identified specialist CAMHS staff in EPaS–2 (2014) – a targeted behavioural programme for parents delivered on an individual basis via home visiting. Based on social learning theory and the</li> </ol>	

No	Key findings by Theme	What is needed? (Public Health Wales led working group)	What needs doing in Specialist CAMHS?	R/A/G
			<p>Incredible Years programmes EPaS-2 follows a series of structured evidence based sessions</p> <ol style="list-style-type: none"> <li>3. Train a minimum of two specialist CAMHS staff per area to be EPaS-2 trainers to train and support others - the programme can be delivered by trained and supervised Health Visitors and Family Workers</li> <li>4. Train all Health Visitors in EPaS-2</li> <li>5. Identify and train additional multi-agency professionals in roles suitable for delivery of EPaS-2</li> <li>6. Support implementation fidelity through professional consultation and supervision</li> </ol>	
		<p>d) Ensuring that all parenting programmes</p> <ul style="list-style-type: none"> <li>• Have robust evidence base</li> <li>• Are implemented appropriately with support and supervision for staff delivering them</li> </ul>	<ol style="list-style-type: none"> <li>1. Work with local universal services and Local Authority multi-agency parenting strategies to agree clear pathways for parenting</li> <li>2. Joint delivery and supervision of agreed multi-agency evidence based programmes (home visiting and group)</li> <li>3. Support use of consistent evidence based outcome measures across partnerships - where relevant and</li> </ol>	

No	Key findings by Theme	What is needed? (Public Health Wales led working group)	What needs doing in Specialist CAMHS?	R/A/G
		<ul style="list-style-type: none"> <li>• Use valid and consistent measures to demonstrate outcomes</li> </ul>	<p>appropriate support partnership in delivering training in outcomes and evaluation</p> <p>4. Support implementation fidelity through professional consultation and supervision</p>	
		<p>e) Develop the capacity of universal services to identify vulnerable infants children and parents</p>	<ol style="list-style-type: none"> <li>1. Consider adopting a useable observation based screening tool in universal services to more objectively measure parent-child relationships</li> <li>2. Support universal services through Specialist CAMHS SPoA and professional consultation</li> <li>3. Ensure criteria and thresholds for assessment of children 0-7 years are consistently applied in all teams</li> <li>4. Contribute to multi-agency training on emotional health and well being in the early years</li> </ol>	
		<p>e) Intervene where appropriate to promote secure attachment and positive care giving</p>	<ol style="list-style-type: none"> <li>1. Advise on/deliver basic training in normal development and secure attachment</li> <li>2. Deliver EPaS-2 to targeted professionals who will have capacity to deliver the programme</li> <li>3. Support universal services to promote secure attachment and positive care giving for all parents</li> </ol>	



No	Key findings by Theme	What is needed? (Public Health Wales led working group)	What needs doing in Specialist CAMHS?	R/A/G
		e) Refer to specialist services to support the development of parent child relationship when necessary	<ol style="list-style-type: none"> <li>1. Using video interaction guidance as main one to one clinical intervention, develop a stepped pathway into specialist CAMHS for working with parent-child relationship</li> <li>2. Develop clear pathways for 0-7 years <i>into</i> specialist CAMHS SPoA - what to do, what to look for and when to refer in</li> <li>3. Develop clear pathway for 0-7 years <i>from</i> SPoA into specific interventions</li> <li>4. Ensure all levels of intervention are available in team/area</li> </ol>	
3.2	<p><b>Prevention and early intervention</b></p> <p><b>Recognising and responding to circumstances that increase vulnerability</b></p>	f) Ensuring that parental mental ill health does not adversely affect parent-child relationship and attachment	<ol style="list-style-type: none"> <li>1. Develop close working relationships with local AMH teams as well as with universal services - carry out shared SPoA activities to develop relationships and identify parents who are vulnerable</li> <li>2. Agree clear protocol for joint working across adult and child mental health services (see maternal mental health guideline 2014)</li> <li>3. Recruit Child Psychotherapist and agree programme of work</li> </ol>	

No	Key findings by Theme	What is needed? (Public Health Wales led working group)	What needs doing in Specialist CAMHS?	R/A/G
		g) Health Visitors, School Nurses and the Early Years workforce are able to support parents ability to attend to emotional health needs of young children and identify and respond effectively to factors that may pose a risk to child's emotional health and wellbeing	<ol style="list-style-type: none"> <li>1. Support implementation through Specialist CAMHS SPoA, and individual and group based consultation</li> <li>2. Deliver targeted and clinical interventions as required</li> </ol>	
		h) Provide effective interventions for behavioural, feeding, toileting and sleep problems in very young children through Tier 1 services with input from specialist CAMHS and other practitioners where appropriate	<ol style="list-style-type: none"> <li>1. Develop clear pathways for 0–7 years <i>into</i> specialist CAMHS SPoA – what to do and what to look for in behavioural, feeding, toileting and sleep and when to refer in</li> <li>2. Develop clear pathway for 0–7 years <i>from</i> SPoA into specific targeted and clinical interventions</li> <li>3. Ensure interventions are available in team/area</li> </ol>	

No	Key findings by Theme	What is needed? (Public Health Wales led working group)	What needs doing in Specialist CAMHS?	R/A/G
		i) Access to specialist CAMHS practitioners for children and young people with chronic and/or life limiting conditions (cancer, Type 1 diabetes, cystic fibrosis, epilepsy) as part of on-going care	<ol style="list-style-type: none"> <li>1. Progress the integration of CHP into specialist CAMHS across all teams</li> <li>2. Clear protocol and pathway for wards/out patients</li> <li>3. Define criteria and thresholds of non-specialist CAMHS elements of child health psychology work and roll out</li> </ol>	
		j) Offering classroom based emotional learning and problem solving programmes to children aged 3-7years where classroom populations have a high proportion of children identified as at risk of developing CD or ODD - develop clear protocols to identify classes at high risk and multi-agency care pathways	<ol style="list-style-type: none"> <li>1. Ensure the right people are on local multi-agency strategic groups with Education in each Local Authority area</li> <li>2. Ensure all are clear on recommended evidence based programmes</li> <li>3. Link recommendations to Together for Children and Young People work streams</li> </ol>	

No	Key findings by Theme	What is needed? (Public Health Wales led working group)	What needs doing in Specialist CAMHS?	R/A/G
		k) Use video interaction guidance where appropriate to improve maternal sensitivity and mother-infant attachment	<ol style="list-style-type: none"> <li>1. Train all specialist CAMHS early years practitioners in VIG in each team</li> <li>2. Establish supervision requirements in each area</li> <li>3. Train 2-3 to supervisor level VIG in each area</li> </ol>	
		l) Use parental self help interventions (books/audio/TV/web) to improve child behaviour	<ol style="list-style-type: none"> <li>1. Roll out new Better with Books scheme across all areas</li> <li>2. Develop Mental Health Matters website/recommend others</li> <li>3. Ensure evidence based materials are on the site with links to local and national information</li> </ol>	
3.3	<b>Provision of specialist CAMHS interventions</b>  <b>Advice and support to staff working in Tier 1 services</b>	m) Timely access to address attachment difficulties developmental trauma and provision of emotional support/mental health services for children looked after	<ol style="list-style-type: none"> <li>1. Launch maintain and develop specialist CAMHS SPoA in each team</li> <li>2. Agree and roll out consistent model for children looked after – foundation training, professional consultation, mental health assessment and intervention for parent/carer group work</li> <li>3. Agree whether to introduce mental health screening at annual health check for all CLA – increase early detection and targeting</li> </ol>	

No	Key findings by Theme	What is needed? (Public Health Wales led working group)	What needs doing in Specialist CAMHS?	R/A/G
		m) If no specialist CAMHS practitioner CAMHS teams should identify a lead professional (i.e. Clinical Lead) to help responsible authorities to carry out duties in addressing emotional and mental health needs of children looked after	<ol style="list-style-type: none"> <li>1. Establish clear lead role in Clinical Leads in each area</li> </ol>	
		n) Alerting health and social care professionals in primary care, education and community settings to possible anxiety disorders in children	<ol style="list-style-type: none"> <li>1. Develop and deliver training for front line professionals in recognising anxiety in young children – early detection and role appropriate interventions focus of training</li> <li>2. Develop clear pathway <i>into</i> specialist CAMHS SPoA for 0–7 years with early signs of anxiety – what to do, what to look for and when to refer in</li> <li>3. Develop clear pathway <i>from</i> SPoA into specific targeted and clinical interventions</li> <li>4. Build local capacity for the delivery of ‘Fun Friends’ prevention of anxiety intervention and maintain</li> </ol>	

No	Key findings by Theme	What is needed? (Public Health Wales led working group)	What needs doing in Specialist CAMHS?	R/A/G
			minimum 2 trainers per area 5. Define annual programme of 'Friends' training and programme delivery including on-going support to Tier 1 staff	
		n) Specialist CAMHS should contribute to the assessment of children and their parents and deliver effective interventions directed at both parent and child	1. Specialist CAMHS routine assessment and primary and secondary care intervention for 0-7 years in all teams	
		o) Children with depression should have diagnosis confirmed and recorded	1. Local specialist CAMHS teams - training and implementation of NICE guideline	
		o) If depression is moderate or severe specialist CAMHS staff should manage the intervention	1. Specialist CAMHS SpoA in all areas with implementation of clear access and eligibility criteria in each team 2. Routine use of standardised tools [MFQ] in all teams to determine level of depression 3. Manage in primary care if mild to moderate,	

No	Key findings by Theme	What is needed? (Public Health Wales led working group)	What needs doing in Specialist CAMHS?	R/A/G
			<p>specialist team if moderate to severe</p> <p>4. Ensure training and professional consultation adheres to these principles in practice</p>	
		o) Children should be given age appropriate information about their condition	<p>1. Implementation of NICE clinical guideline</p> <p>2. Ensure information tailored to 0–7 years is easily available in all teams</p>	
		p) sleep difficulties in children with a learning disability and/or autism should be actively screened for and evidence based sleep programmes should be implemented	<p>1. Sleep work stream recommendations for specialist CAMHS and neuro–developmental service to be adopted</p>	
		q) following a diagnosis of ADHD in their child all parents should be provided with relevant information evidence based self instruction manuals and other materials based on positive parenting and	<p>1. Local specialist CAMHS teams and neuro–developmental service implement NICE guideline</p> <p>2. Ensure all specialist practitioners are trained in Incredible Years toddler and basic programmes and deliver rolling group programme</p> <p>3. Ensure all specialist practitioners working in ADHD intervention are trained in New Forest Parenting programme</p>	

No	Key findings by Theme	What is needed? (Public Health Wales led working group)	What needs doing in Specialist CAMHS?	R/A/G
		behavioural techniques	4. Ensure supervision arrangements are in place for both programmes	
		p) For children with more severe behavioural problems / conduct disorders the provision of group programmes to support parents and carers is recommended. Only when parents are unable to participate in groups should one to one parenting support be offered	<ol style="list-style-type: none"> <li>1. Fully adopt toddler and basic Incredible Years programmes in specialist CAMHS and deliver rolling programmes for 0–7 years</li> <li>2. Ensure and define links to local Incredible Years Programmes</li> <li>3. Ensure all specialist practitioners working with 0–7 years are trained in Incredible Years and deliver rolling programmes and work towards accreditation</li> <li>4. Ensure minimum 2/3 per area are trained to supervisor level and implement supervision across multi-agency network to increase programme fidelity</li> </ol>	
		r) Increasing specialist CAMHS involvement in multi-disciplinary teams including community child	<ol style="list-style-type: none"> <li>1. Ensure communication about specialist CAMHS SPoA in all areas</li> <li>2. Job plans to ensure regular links in place with specific service areas where specialist input is</li> </ol>	



No	Key findings by Theme	What is needed? (Public Health Wales led working group)	What needs doing in Specialist CAMHS?	R/A/G
		<p>health and paediatric services that provide services for children with behaviour problems, conduct disorder, ADHD, learning disability or autism to provide assessment and treatment of possible psychiatric co-morbidities and to ensure evidence-based interventions. Where indicated parents/carers should also be assessed</p>	<p>indicated</p>	

### Atodiad 3 Bwydo ar y Fron

Dolen gyswllt i erthygl ddiweddar gan Kathleen Kendall-Tackett (arbenigwraig gydnabyddedig yn y maes hwn) ar yr effaith warchodol y mae Bwydo ar y Fron yn ei gael ar lechyd Meddwl mamau a'u plant.

<https://womenshealthtoday.blog/2017/02/17/neuroscience-shows-breastfeeding-is-not-just-milk/>