

Cynulliad Cenedlaethol Cymru / National Assembly for Wales  
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and  
Education Committee  
Iechyd Meddwl Amenedigol | Perinatal Mental Health  
PMH 05  
Ymateb gan: Comisiynydd Plant Cymru  
Response from: Children's Commissioner for Wales

## **Background information about the Children's Commissioner for Wales**

The Children's Commissioner for Wales is an independent children's rights institution established in 2001. The Commissioner's principal aim is to safeguard and promote the rights and welfare of children. In exercising their functions, the Commissioner must have regard to the United Nations Convention on the Rights of the Child (UNCRC). The Commissioner's remit covers all areas of the devolved powers of the National Assembly for Wales insofar as they affect children's rights and welfare.

The UNCRC is an international human rights treaty that applies to all children and young people up to the age of 18. It is the most widely ratified international human rights instrument and gives children and young people a wide range of civil, political, economic, social and cultural rights which State Parties to the Convention are expected to implement. In 2004, the Welsh Government adopted the UNCRC as the basis of all policy making for children and young people and in 2011, the National Assembly for Wales passed the Rights of Children and Young Persons (Wales) Measure, which places a duty on Welsh Ministers, in exercising their functions, to have 'due regard' to the UNCRC.

This response is not confidential.

My responses to specific consultation questions are below. I have not responded to every consultation question but only to those of direct relevance to my remit.

1.1 Given the timescales involved in this Inquiry, I have used this as an opportunity to re-iterate points which I have previously raised with the Welsh Government via consultation responses and which relate to the issue at hand. Relevant articles of the UNCRC regarding the provision of perinatal mental health services include: Article 6 (Survival and Development), Article 9 (Right to not be separated from parents wherever possible) and Article 19 (Protection from Harm).

1.2 We know that between one in four and one in five adults will experience a mental illness during their lifetime and that at the time of their illness, at least a quarter to a half of these will be parents<sup>1</sup>. We are also aware that the impact of poor mental health can be significant at this time, particularly if left untreated. Many reports suggest that improved identification and prompt evidence-based treatment are particularly important and can be highly effective<sup>2</sup>. With this in mind, I was pleased to see that a priority was given to the provision of perinatal mental health services within Welsh Government's Together for Mental Health Delivery Plan 2016-2019<sup>3</sup>, including the goals of providing "better outcomes for women, their babies and families" and that they are "supported to promote resilience and positive attachment" during this time (pg13).

1.3 As part of my Beth Nesa' | What Next? Consultation, perinatal mental health services was an issue raised by some of the professionals I met. I heard that developments in this area should be prioritised and that the way in which we communicate key messages about this should be done sensitively and appropriately. I was also made aware of the fact that, at the time of my consultation, only two Local Health Boards (LHBs) in Wales had a perinatal mental health service in place.

1.4 The final Action Plan, published by the Welsh Government in 2016 includes actions that should have ensured that an accessible community perinatal service is now available within every LHB in Wales. I am pleased

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<sup>1</sup> Social Care Institute for Excellence (2011) Think child, think parent, think family: a guide to parental mental health and child welfare, London.

<sup>2</sup> Centre for Mental Health (2015) Falling through the gaps: perinatal mental health and general practice, London

<sup>3</sup> <http://gov.wales/docs/dhss/publications/161010deliveryen.pdf>

that the Committee will now be in a position, through this Inquiry, to determine how far these have been actioned to date.

1.5 This proposed key action had the potential for Wales to take a huge step forward and I commend the Welsh Government for including this within the final Delivery Plan. The announcement made by the Welsh Government at the time of its consultation to invest £1.5m towards perinatal mental health services was also welcomed news and had the potential to go some way to ensure the actions were delivered. However, I would urge the Committee to consider this too with a view to distinguish the impact of this investment.

1.6 In responding to the Welsh Government's consultation on their proposed Together for Mental Health Delivery Plan 2016–2019, I called for a consistency in approach to perinatal mental health services and highlighted that the National Quality Standards for Community Perinatal Mental Health Services, established jointly by the Royal College of Psychiatrists and the Quality Network for Perinatal Mental Health Services and published in 2014, could be usefully included as an action for adoption and compliance across Wales. Consequently, I felt that services should be appropriately supported to achieve this and a review of progress ensured. The Committee now has the opportunity to consider this in greater detail and scrutinise the quality of service provision in achieving such standards.

1.7 I previously called for the need for Welsh Government to give consideration to reviewing the potential need to re-establish a Mother and Baby Unit for Wales. Welsh Government's response to date has made reference to the £1.5million of additional funding provided to Health Boards from 2015 onwards to support the further development of community-based perinatal services across Wales, and the recent commissioning of WHSSC to look at inpatient service provision requirements in collaboration with key stakeholders, which will be reported on in the near future. The UK Maternal Mental Health Alliance and its campaign

'Everybody's Business' continues to seek to ensure that a national strategy, within each jurisdiction of the UK, is adopted to address the shortfall of specialist inpatient beds for mothers and babies. This issue is something the Committee may wish to consider further as part of its Inquiry.

1.8 I had been made aware as part of my Beth Nesa' | What Next? consultation that there was no data available to determine how many adults admitted to inpatient mental health services in Wales had a parenting role and I presume that this remains the case. Statutory services continue to be under no obligation to collect or report on parenting status and thus, children of adult inpatients are subsequently invisible, although I understand that Welsh Government have highlighted this as something which needs to be captured and will look to address this as part of the Mental Health Core Data Set. I urge the Committee to consider this continued shortfall as part of this Inquiry and make the necessary recommendations for Welsh Government's consideration. The routine recording of this information could helpfully determine the need to re-establish a Mother and Baby Unit for Wales; ensure that the needs of the patient (as both an individual and as a parent) are identified; and guarantee that the needs of their child/ren are also identified and addressed.

1.9 I continue to support the two further actions placed upon LHBs and Public Health Wales to ensure that good information and support is offered to women when planning a pregnancy and during the perinatal period. However, both these actions do not necessarily provide the level of detail for me to analyse their potential positive impact on this agenda as yet. Whilst Welsh Government include reference to programmes such as Flying Start and Families First, in addition to Public Health Wales' 'Bumps, Baby and Beyond' publication, all of which are now well-established and key avenues for such support to reach mothers and families, we must not forget that such programmes will not reach all families with perinatal mental health difficulties and so a strong universal approach to accessing such support and information must be ensured. Building capacity within primary care, including Midwives, Health Visitors and third sector providers, would clearly need to be addressed in order to achieve this. Given that the deadlines for

each key action identified under this priority area have now passed, the Committee can seize the opportunity to identify and assess progress here.

1.10 I was pleased to see that this priority area included the goal of ensuring that parents and carers are “supported to promote resilience and positive attachment” during infancy and the early years Welsh Government is also one of the partners within Cymru Well Wales’s First 1000 Days collaboration, focussing on ensuring that all activity being delivered to improve health in early life across Wales is harnessed in a coherent system, with everybody working in partnership to intervene earlier. Progress towards the First 1000 Days draft outcomes around the best possible outcome for every pregnancy, children achieving their developmental milestones at 2 years of age and not being exposed to multiple Adverse Childhood Experiences (ACEs) within the first 1000 days should provide increased opportunities to focus on promoting resilience and positive attachment with parents and carers. The Committee recently undertook a consultation on The First 1000 Days which closed on 3rd February 2017 and may wish to consider recommendations arising from this consultation further as part of its Inquiry.

1.11 A reference is made to the application of the Healthy Child Programme in Wales as a key action within the Welsh Government’s Together for Mental Health: Delivery Plan 2016–2019. Whilst I now understand that the Programme sets out what planned contacts children and their families can expect from their health boards from maternity service handover to the first years of schooling (0–7 years), the Committee could use its Inquiry to distinguish how far this Programme has impacted upon the level of support provided to families within the perinatal period.

1.12 Issues of resilience and attachment have previously been highlighted to me by children, young people and professionals, along with the lack of support provided to families by Child and Adolescent Mental Health Services (CAMHS) in some areas across Wales with regard to attachment disorder. I am aware that the Committee’s Inquiry into CAMHS in 2014 raised attachment as a wider issue that they were concerned about, given the level of evidence presented to them. With this in mind, I would like to take this

opportunity to propose that the Committee look to include this specific area of concern within their work in order that we ensure the necessary action to build capacity and expertise within CAMHS across Wales in addressing the needs of children and young people with attachment difficulties. The 'Minding the Baby' intervention programme developed by Yale University has a specific focus on developing a positive bond and secure relationship and I understand this is being considered for delivery within Aneurin Bevan University Health Board. The Committee may wish to consider the programme further to ascertain whether there may be merit in the programme being made more widely available across Wales to support parents and carers around bonding and attachment.

1.13 The Committee could also consider identifying how far the work of the Together for Children and Young People Programme (T4CYP) and its "early years and resilience of young people" work stream which is expected to consider "attachment issues for mothers with perinatal problems" as a priority area has developed and impacted positively on perinatal mental health service provision.