

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young  
People and Education Committee

Iechyd Meddwl Amenedigol - Gwaith dilynol | Perinatal Mental  
Health - Follow-up

PMH(2) 05

Ymateb gan: Iechyd Meddwl Amenedigol Gogledd Cymru  
Response from: North Wales Perinatal Mental Health Service

**Recommendation 3: That the work requested by WHSSC to identify the level of demand for in-patient Mother and Baby Unit (MBU) services should be completed as a matter of urgency. We recommend that this work be finished during the 6-week window in which we would expect the Welsh Government to provide a response to this report and should be a core consideration when deciding how to allocate the funding for specialist in-patient perinatal mental health services announced as part of the 01 October budget agreement.**

**Recommendation 7: That the Welsh Government, in light of the fact that an MBU in South Wales will not necessarily be suitable for mothers and families in mid and north Wales, engage as a matter of urgency with NHS England to discuss options for the creation of a centre in North East Wales that could serve the populations of both sides of the border. More certainty should also be established by the Welsh Government in relation to the ability of the Welsh NHS to commission MBU beds in centres in England where those are deemed clinically necessary.**

The North Wales Mental Health Perinatal Service has been "live" across the central area ( Denbighshire and Conwy ) since November 2018 and the whole of North Wales since the end of February 2018. During this time we have seen **10 admissions** to MBUs in England.

**6 of the 10 women** were admitted to acute psychiatric inpatient units in North Wales without their babies before their MBU admissions. However due to issues with attachment and bonding it was not, as we know the appropriate place for treatment without baby.

Potentially not all of these admissions may have been recorded in WHSSC data as some of the admissions were funded as out of area beds in the early days rather than specialist beds. Since then a local pathway for this procedure via WHSSC has been established by the Perinatal Mental Health Service and

followed by all mental health services in North Wales requiring a MBU bed.

In addition to the above data we have offered out of area specialist MBU beds to an additional **12 women who were assessed as requiring an admission. However they refused admission due to the distance, and being separated from their families/ support networks.** This has proven to be a struggle, recovery is longer, and in addition more services are required to facilitate recovery for longer periods. In some cases women have been back and forth between Home Treatment Teams, inpatient services and Community Mental Health Teams with support from the Perinatal Mental Health Service, midwives and health visitors. This has also been unsettling for mothers, babies and their support networks to try and facilitate care and support around these services to keep them safe.

In some cases women have disengaged due to lack of continuity, and the constant influx of people that is caused by numerous appointments by numerous services. If this could all be catered for in one place locally, we envisage both costs and length of recovery time would be significantly less.

**Recommendation 9: That, on the basis of an 'invest to save' argument and following analysis of the forthcoming evaluation of services and Mind-NSPCC-NMHC research results, the Welsh Government provide additional funding to Health Boards to better address variation so that service development and quality improvement can be achieved by expanding existing teams. To enable all Community Perinatal Mental Health services to be brought up to the standard of the best, the mechanism adopted by the Welsh Government to allocate additional funding should have as its primary aim, the need to address the disparity in provision between Health Boards in Wales.**

The North Wales Perinatal Mental Health Service successfully submitted a proposal to the transformation fund and have been allocated additional funds to expand. However due to the geographical area covered with the largest birth rate, even with the additional funds we will continue to struggle to provide a service across the whole of North Wales with such limited resources.

**Recommendation 16: That the Welsh Government works with the relevant bodies to ensure that perinatal mental health is included in the pre-registration training and continuous professional development (CPD) of all health professionals and clinicians who are likely to come across perinatal women. The Welsh Government should ensure coverage of perinatal mental health as a discrete topic within midwifery and health**

**visiting education is improved, and forms part of the pre-registration mental health nursing programme. The Royal College of General Practitioners' core curriculum for general practice training also needs to better equip GPs to deal with perinatal mental health problems.**

The North Wales Perinatal Mental Health Service currently provides a monthly mandatory training programme for all midwives across North Wales. This is facilitated by our Specialist Mental Health Midwife. Our nurse practitioners have also been to Bangor University to conduct sessions on perinatal mental health to year two and three mental health nursing students, something we have been asked to replicate again next year in both Bangor and Wrexham sites.