28th July 2023

Traumatic Stress Wales Perinatal Trauma Pathway

Economic Review of the Treatment of Perinatal Post-Traumatic Stress Disorder (PTSD) in Wales

Contents.

1. Introduction.

The NHS in Scotland, England, Northern Ireland, and Wales are each at different stages of developing and expanding their provision of maternal mental health services, including access to treatment for perinatal post-traumatic stress disorder (PTSD).

In the past few years several large reviews of maternal mental health services (MMHS) including economic analyses have been published. For example, the Maternal Mental Health Alliance report published in May 2023 and the Centre for the Economics of Mental Health report published in 2022 (see links below). Perinatal PTSD is just one part of the wider provision of MMHS. However, this is the first economic review of the treatment of perinatal PTSD in Wales.

Improving access to specialist perinatal mental health services | Maternal Mental Health Alliance
and
The economic case for increasing access to treatment for women with common maternal mental health problems | Maternal Mental Health Alliance

This economic review was commissioned by Traumatic Stress Wales (TSW) and was carried out by members of the TSW Perinatal Workstream and the National Clinical Lead for Perinatal Mental Health with support from an independent health economist. Members of the review team are listed at the end of the report.

The purpose of the review is to examine ways of expanding access to treatment for perinatal PTSD from an economics perspective that recognises the current funding and capacity constraints faced by the Welsh NHS.

The review is intended to inform the NHS Wales Executive's thinking and future planning for the perinatal trauma pathway in Wales. The review findings will be presented to the Perinatal Mental Health Network Board on 11 September 2023, which will then share it with the NHS Wales Executive, Welsh Government and Welsh health Boards.

Note - the scope of the review and this report is limited to perinatal PTSD. It does not cover the treatment and service provision for Complex PTSD (CPTSD) or other perinatal mental health conditions. These other conditions could be the subject of other reviews.

2. Aims of this report.

The report is organised around five aims:

1. To provide an assessment of the current system for the treatment of perinatal PTSD in Wales.

2. To raise awareness of the issues with the current system for the NHS Wales Executive, Welsh Government and Welsh Health Boards.

3. To identify what a new transformed system for treating perinatal PTSD in Wales might look like and what changes and core capabilities would be required to transform the system and integrate it with existing maternal mental health services.

4. To outline for the NHS Wales Executive, Welsh Government and the Welsh Health Boards the opportunities for aligning existing translational research capabilities in Wales to support the testing of new treatments into clinical practice for perinatal PTSD in the new system so can develop and improve over time.

5. To set out the plausible benefits of implementing a new system for (a) the NHS Wales Executive and Welsh Government, (b) the parents, infants, and families who are affected by perinatal PTSD and (c) Health Boards in Wales who provide mental health services, including maternal mental health services.

3. What method was used for the review?

First, the review engaged with multiple stakeholders to understand the issues which commonly occur in the provision of treatment for perinatal PTSD in Wales, England, and Scotland.

The stakeholders who assisted with the review are:

- A group of Clinical Leads for perinatal mental health services in Wales.
- Clinical psychologists, midwives, health visitors and occupational therapists.
- Clinical experts on trauma in general and its' treatment.
- Organisations that represent parents who have experienced birth trauma.
- Leading academics in the field of maternal mental health services in the UK.
- Programme leads for perinatal mental health in NHS Scotland and the programme managers for maternal and perinatal mental health in NHS England.

Second, it involved clarifying and analysing the issues in economic terms according to:

- The clinical need and evidence for treatment.
- The demand for and supply of treatment.
- The social and economic consequences of treating or not treating perinatal PTSD.
- The potential opportunities for improving the way services are provided.

Third, all stakeholders and advisors were invited to comment and suggest corrections and amendments on the final draft before the report was published.

4. What is Perinatal PTSD and what treatments are recommended?

For any readers who are not familiar with the details of PTSD it is a condition that can occur following major traumatic events. After a traumatic event the images, thoughts and emotions can remain stuck, causing the mind to act as if the trauma is still happening. Characteristic symptoms include distressing reliving, avoidance of reminders, and feeling a current sense of threat.

The literature on perinatal PTSD is focused on childbirth, but women can experience PTSD following trauma exposure at other points during the perinatal period, e.g., pregnancy complications/threats to the unborn child's life or the infant's life during the first postnatal year plus other traumas, e.g., domestic violence.

A much smaller number of partners of the mothers can also experience perinatal PTSD. The review did not identify any reliable estimates of prevalence for this group, and so the focus of this report is on perinatal mothers who experience PTSD.

Perinatal cases not only affect the mother but also the parent-infant relationship and parenting towards any other children. If it is untreated perinatal PTSD can adversely affect infants, child development and the health and wellbeing of families. For further information about perinatal PTSD see:
What is Birth Trauma? - Birth Trauma Association

PTSD including perinatal PTSD is a treatable condition. The National Institute for Health and Care Excellence (NICE) reviewed the evidence for the treatment of PTSD in 2018 and published guidance on recommended treatments in NICE guideline [NG116] on 5 December 2018. See sections 1.6.17-20 at:
Recommendations | Post-traumatic stress disorder | Guidance | NICE

NICE guidance is routinely followed by the NHS in Wales, but it is not mandatory in the case of PTSD. However, Wales has developed detailed clinical evidence frameworks for psychological treatments for a range of mental health issues, including PTSD and perinatal PTSD. These frameworks offer similar guidance to NICE [NG 116]. See:

phw.nhs.wales/services-and-teams/improvement-cymru/our-work/mental-health/psychological-therapies/resources-psychological-therapies/evidence-tables-evidence-tables-matrics-cymru/
and
phw.nhs.wales/services-and-teams/improvement-cymru/our-work/mental-health/psychological-therapies/resources-psychological-therapies/matrics-cymru-guidance-for-delivering-evidence-based-psychological-therapies-in-wales/

The recommended evidence-based treatments for PTSD including perinatal PTSD are two psychotherapies: trauma focus - cognitive behavioural therapy (TF-CBT) and eye movement desensitisation reprocessing (EMDR) which both help people address the negative effects of trauma. Both treatments have been demonstrated to lead to reduction in distress and improved functioning. They usually involve 8-12 sessions lasting 60-90 minutes.

TF-CBT is a type of psychotherapy that includes processing of traumatic memories, overcoming difficult thoughts and behaviours, and developing effective coping and interpersonal skills.

EMDR is a therapy aimed at helping people to recover from a traumatic event. After a traumatic event the images, thoughts and emotions can remain stuck, causing the mind to act as if the trauma is still happening. EMDR helps to process these memories by remembering the trauma whilst simultaneously using bilateral stimulation, such as eye movements. This helps the brain to recognise the trauma is in the past rather than still occurring in the present and thus leads to reduction in distress and improved functioning.

5. What is the estimated prevalence of perinatal PTSD in Wales?

The review was not able to identify commonly agreed estimates of the prevalence of perinatal PTSD in the NHS in the UK. Instead, a wide range of estimates are reported in individual studies.

The review therefore looked at the findings of published meta-analyses of studies on the estimated prevalence of perinatal PTSD. Again, there is some variation in the estimates reported. However, the larger and more recent meta-analyses report that between 4% and 5% of perinatal mothers will experience moderate to severe forms of PTSD. They also report that high risk groups of mothers with existing mental health conditions have much higher rates of estimated prevalence (>15%). For further information see:

Prevalence and risk factors of birth-related posttraumatic stress among parents: A comparative systematic review and meta-analysis - ScienceDirect
and
The prevalence of posttraumatic stress disorder in pregnancy and after birth: A systematic review and meta-analysis - PubMed (nih.gov)
and
openaccess.city.ac.uk/id/eprint/15947/3/
and
The prevalence of posttraumatic stress disorder in pregnancy and after birth: A systematic review and meta-analysis - PubMed (nih.gov)

The review also attempted to identify the estimated prevalence rates used in the NHS in England and Scotland to guide their business plans for the treatment for mothers with perinatal PTSD. No estimate was identified for NHS England, but a figure of 3% was identified for NHS Scotland. See:
PMHNS-CPMHT-service-development-guide.pdf (scot.nhs.uk)

The review was not asked to provide a definitive figure for the prevalence for Wales. However, it is important that it estimate the prevalence of perinatal PTSD in Wales as a basis for analysing the system for the treatment of PTSD in Wales. The review has therefore used an estimate of 4.5% (the average of 4% and 5%).

The following analysis has used the latest maternity and birth statistics for Wales published by Stats Wales are for the calendar year 2021. Note - the next set of statistics for the calendar year 2022 are due to be published in August 2023.

The source for the following maternity and birth statistics is: 'Annex Table 3: Live births, still births and number of babies by Health Board providing the service, 2021'. See:
Maternity and birth statistics: 2021 | GOV.WALES
Annex Table 3 can be found at:
maternity-and-birth-statistics-2021-451.ods (live.com)

The number of maternal cases involving a mother in 2021 was 28,450 comprising 28,322 cases with at least one live birth plus 128 still births. See figure 1 below. For further information on still births see the report on 'The Independent Pregnancy Loss Review' presented to Parliament in July 2003.
https://www.gov.uk/government/publications/pregnancy-loss-review

The number of mothers giving birth in Wales based on data for 2021 and the estimated annual prevalence of 4.5% for each Welsh Health Board is shown below in figure 1:

Figure 1.

Welsh Health Board.	**Maternal cases**	**PTSD**
	Year 2021	**Prevalence**
		(4.5% pa)
Betsi Cadwaladr	6,152	277
Powys Teaching	1,033	46
Hywel Dda	3,013	136
Swansea Bay	3,253	146
Cwm Taf Morgannwg	4,184	188
Aneurin Bevan	5,695	256
Cardiff and Vale	4,995	225
Unknown	125	6
Wales	**28,450**	**1,281**

Note – estimated percentages for prevalence are rounded to one decimal point. There is a difference of 1 between the sum total for health boards and the estimate of 4.5% x the total number of maternity cases of 28,450.

Note - a small number of mothers who live in Wales give birth outside Wales and vice versa. These figures are not included above.

6. What are the consequences of receiving or not receiving effective treatment?

There are three types of consequence:

a) More illness and greater use of NHS services versus less of both.

- Moderate to severe symptoms make you more susceptible to other forms of mental and physical health issues such as depression and stress related physical issues and makes it more difficult to cope with them.

- Susceptibility to other health issues mean that you are more likely to need help from other services in the NHS ranging from general practitioners (GPs), other primary care staff and mental health professionals.

- However, effective treatment and coping strategies for managing symptoms mean that on average you will experience less mental and physical illness and so you will have less reason to use NHS services.

- Also, a positive experience of receiving effective mental healthcare means that you are more likely to seek help and early intervention from the NHS if you were to experience new mental health issues in the future.

For further information see:
A good investment: longer-term cost savings of sensitive parenting in childhood (wiley.com)

b) Poor relationships between parents, infants and other children or good ones.

- Severe symptoms make it difficult for you to form attachment to your infant and can affect relationships with other children in the family.

- Parenting and relationship difficulties arising from perinatal symptoms often persist and affect children's development and the wider family and can lead to family breakdown in some cases.

- It can also impact future mental health, educational outcomes, relationships, and social behaviour. However, effective treatment improves the quality of parenting and reduces the risks of these other factors materialising. See:
  What is Early Childhood Development? A Guide to Brain Development (harvard.edu).

For further information see:
Infographics - Parent-Infant Foundation (parentinfantfoundation.org.uk)

c) Spend less to treat people sooner or spend more in the longer term.

- In general, the costs to the NHS of intervening at an early stage of a condition are far less than managing illnesses which have become more severe. This is almost always the case with mental health issues and often true of physical illnesses.

- From an economics perspective, it is more cost efficient to treat mental health conditions sooner rather than later before they lead to a range of other health and social issues for individuals causing them to have repeated contact with NHS and social services.

For further information see:
The economic case for increasing access to treatment for women with common maternal mental health problems | Maternal Mental Health Alliance

7. What is the policy context for reviewing the treatment offered in Wales?

The policy and strategy context for developing and expanding access to treatment for perinatal parents with PTSD are Welsh Government's 'Well-being of Future Generations Act' whose principles support the reason to act early, and Wales' "Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity," published in July 2022. See:
Well-being of Future Generations (Wales) Act 2015: the essentials [HTML] | GOV.WALES
and
Trauma-Informed Wales (traumaframeworkcymru.com)

Since April 2020 Welsh Government has funded Traumatic Stress Wales (TSW) a national quality improvement initiative whose aim is to improve the health and wellbeing of people of all ages living in Wales who have been affected by traumatic events. It also aims to raise trauma-informed awareness and practice across Wales and has a particular focus on those with, or at risk of developing PTSD.

In 2022 Traumatic Stress Wales (TSW) and the ACE's (Adverse Childhood Experiences) Hub produced the Trauma-Informed Practice Framework for Wales with support from multiple stakeholders and an Expert Reference Group.

The Framework is a key part of the Welsh new Adverse Childhood Experiences (ACEs) Plan and will be referred to in the forthcoming new 10-year Mental Health Strategy due to be published later in 2023.

In December 2022 the Welsh Senedd published "Connecting the dots: tackling mental health inequalities in Wales". This report by the Health and Social Care Committee sets out recommendations to Welsh Government for tackling mental health inequalities. See:
Connecting the dots: tackling mental health inequalities in Wales (senedd.wales)

Note - the Senedd report does not mention perinatal PTSD, but it does refer to progress updates being submitted to the Senedd following its' enquiry into Perinatal Mental Health which was published in 2017.

8. What is the current system for the treatment of perinatal PTSD in Wales?

Wales has a Perinatal Mental Health Programme which has outlined 10 pathways aimed at healthcare professionals working with women experiencing perinatal mental health difficulties, their partners and their families.

The pathways describe the different processes and roles of clinical teams in providing support and treatment to individuals. The thinking and organisation of the 10 pathways is similar to those used by the NHS in England and Scotland. See:
Perinatal Mental Health Programme and Pathways - NHS Wales Executive

As part of its' 2023-24 workplan the Wales perinatal mental health (PNMH) Implementation Network is currently identifying what changes and quality improvements need to occur in pathway 10 for Psychological Support and Interventions'. The findings of this review and report are intended to inform this work. For pathway 10, see:
executive.nhs.wales/networks-and-planning/wales-mental-health-network/perinatal-mental-health/pnmh-docs1/pathway-10-psychological-support-and-interventions/

At present and in theory, perinatal mothers should be initially assessed for PTSD by midwives, health visitors and, or general practitioners using 'screening questionnaires'. Any individuals with suspected PTSD can then be referred to mental health teams for a full assessment and clinical confirmation of the condition.

Where mothers with perinatal PTSD Wales are referred depends upon the level of need. If following an assessment, the need is deemed to be moderate to severe, they should in theory be referred into the Specialist Perinatal Mental Health Team (SPMH). This might include under 18's in which case the team should work with the Children and Adolescent Mental Health (CAMs) team. If a mother is over 18 years of age and has mild to moderate mental health difficulties, they should be seen by a Local Primary Mental Health Support Service.

The SPMH Team only offers support until the baby is 1 year's old after which an individual could be referred to the Community Mental Health team.

The review was not able to analyse how many mothers with perinatal PTSD are referred for treatment and how long they have to wait to receive it in each health board because this data is not currently collected and reported across Wales.

9. What is the review's assessment of the current system?

The findings of the review are that:

a) First, most perinatal mothers who might have PTSD are not being identified and referred for a full assessment by a mental health team / psychologist.

   This is because the midwives, health visitors and GPs who could use screening questionnaires do not receive the training and support to do this and make referrals.

   If midwives and health visitors do identify mothers who might have perinatal PTSD, they often cannot refer directly to a mental health team but must suggest that the mother sees her general practitioner (GP), which may or may not happen and therefore the woman may slip through the net.

b) Second, those mothers whose PTSD is clinically confirmed often do not receive timely treatment but often have to wait for treatment – a situation that predates covid 19 in 2020.

   This is because Welsh NHS psychology services do not have the staff numbers to provide timely treatment to mothers who have perinatal PTSD.

   Some mothers may receive treatment through primary care mental health support services. However, they will not get an adapted therapy that meets their needs as a new parent because staff in primary care have not received the training required to do this unlike the Improving Access to Psychological Therapies (IAPT) teams in England.

   Note - the review was unable to identify actual numbers of perinatal PTSD referrals, mothers who receive treatment, and those on waiting lists because no datasets are available.

There may be a range of other factors influencing the provision of PTSD treatment services in Wales, but from an economic perspective the main issue is a lack of capacity in psychological therapy services to train and support other clinical staff to make referrals and provide treatment.

Note - given that most perinatal mothers cannot access timely treatment for their PTSD there is potentially a ‘pool’ of mothers whose condition was not identified who might seek a clinical assessment and treatment if it were made available. In economic terms this would be described as ‘latent demand’.

In summary, from the perspective of the economic review:

- In practice Wales does not currently have a functioning system for referring mothers with suspected perinatal PTSD to mental health teams / psychologists because those midwives, health visitors and GPs who can perform ‘screening questionnaires’ are not trained or supported to do so.
- Most mothers who do receive a confirmed diagnosis by a mental health team / psychologist do not receive timely treatment because there are not enough staff to provide it.
- Almost every mother with perinatal PTSD in Wales currently loses out under the existing system.
- Essentially, the current system does not achieve its’ purpose or the aim of Welsh Government for greater equality in accessing mental health services across Wales – a concern reflected in the Senedd enquiry report published last December.

10. What lessons can Wales learn from England and Scotland?

In 2019 NHS services in England and Scotland began expanding their provision of treatment for perinatal PTSD. In theory, the aim of each system is to assess every perinatal mother in order to identify those with moderate or severe PTSD and offer them a form of treatment. The NHS in England has a duty to follow NICE guideline NG116. Whilst this guideline is not mandatory in Scotland it also relies upon TF-CBT and EMDR.

NHS services in England and Scotland have each introduced care-pathways for perinatal mental health, which cover PTSD, and each has increased funding to develop a range of services, including those which offer treatment to mothers with perinatal PTSD. For further information on care-pathways in England and Scotland see:
NHS England » The Perinatal Mental Health Care Pathways
and
Care-Pathways-summary.pdf (scot.nhs.uk)

Note – Wales has developed its own care-pathways for perinatal mental health which cover PTSD. See:
Perinatal Mental Health Programme and Pathways - NHS Wales Executive
and
executive.nhs.wales/networks-and-planning/wales-mental-health-network/perinatal-mental-health/pnmh-docs1/pathway-10-psychological-support-and-interventions/

The review found that the Scottish system is based on “Standard Service Specifications” for perinatal mental health, including PTSD. These are intended to be applied uniformly across Scotland but managed locally by Scottish Health Boards. In contrast, the system in England allows commissioners flexibility in specifying what level of service is commissioned and provided.

The use of a standard service specification in the Scottish system effectively places emphasis on offering perinatal mothers across Scotland an equal opportunity to access the same level of treatment. In this regard, it acts as a means of addressing mental health inequalities.

The review findings are that the Scottish system more closely resembles the aims of Welsh Government to introduce standard service specifications which can be managed locally by Welsh Health Boards and in so doing, effectively address health inequalities.

On this basis the review believes that the Scottish system offers Wales a model which it could adapt for its provision of services for the treatment of perinatal PTSD.

11. What core capabilities are required to transform the existing system in Wales?

Transforming the system in Wales will require additional therapists to provide treatment to individuals. Employing practitioner psychologists and other therapists would enable transformation of perinatal services through embedding trauma informed practice throughout systems and staff groups via psychologically informed reflective practice, consultation and training.

Based in discussions with the stakeholders identified at the end of this report the review estimates that a full-time therapist can usually provide 16-18 sessions per week for 40 weeks a year. The remaining 12 weeks relate to annual leave, sick leave, training and bank holidays. A prudent estimate is that each full-time therapist could provide 640 sessions per year (16 x 40 = 640).

NICE guideline recommends an average of 12 sessions of TF-CBT or EMDR for adults with PTSD. Based on 640 sessions per year, the review estimates that a full-time therapist could treat on average about 53 mothers each year (640 / 12 = 53). Note - in practice some mothers will require less or more than 12 sessions.

Based on an estimated prevalence rate of 4.5% (1,281 cases per year) approximately **24 full-time equivalent therapists** would be required across Welsh Health Boards (1,281 / 53 = 24). This figure does not include mothers' partners or any administrative support.

The numbers of full-time equivalent therapists based on estimates of prevalence at 4.5% for each Welsh Health Board are shown below in figure 2:

Figure 2.

Welsh Health Board.	Maternal cases Year 2021	PTSD Prevalence (4.5% pa)	Full-time Equivalent therapists FTEs
Betsi Cadwaladr	6,152	277	**5.2**
Powys Teaching	1,033	46	**0.9**
Hywel Dda	3,013	136	**2.6**
Swansea Bay	3,253	146	**2.8**
Cwm Taf Morgannwg	4,184	188	**3.5**
Aneurin Bevan	5,695	256	**4.8**
Cardiff and Vale	4,995	225	**4.2**
Unknown	125	6	**0**
Wales	28,450	1,281	**24**

Note – estimates for full-time equivalent therapists are rounded to one decimal point.

The addition of 24 full-time equivalent psychologists / therapists to the NHS Wales workforce is not the major challenge that it first appears. Wales routinely creates and recruits to new teams for the purpose of achieving its' priorities. A transformed system for treating perinatal PTSD can be viewed as such a priority for Wales. These psychologists and therapists would form the core capability required to implement a transformed system.

Note – the number of new staff will likely be less than 24 because some psychologists and therapists who work with mothers with perinatal PTSD are already in post.

In addition to the above core capabilities, the review found that ongoing research into the treatment of PTSD and perinatal PTSD is exploring both new forms of treatment and new modes of delivery of established evidence-based models.; for example, online self-guided TF-CBT. See:
Guided Self Help - All Wales Traumatic Stress Quality Improvement Ini (nhs.wales)
and
Guided, internet based, cognitive behavioural therapy for post-traumatic stress disorder: pragmatic, multicentre, randomised controlled non-inferiority trial (RAPID) | The BMJ

From an economic perspective, translational research is also a core capability in developing and improving the provision of NHS services. The issue raised by stakeholders is the need for a transformed system in Wales to be continually evaluating the effectiveness of new interventions or modalities specifically for a perinatal population who may have different needs and responses compared to the general population.

NICE guideline NG116 also makes several recommendations for further research. See:
Recommendations for research | Post-traumatic stress disorder | Guidance | NICE

The review team therefore suggests that Welsh Government and the Welsh NHS align some its' funded translational research activities to support the testing of new treatments for perinatal trauma in Wales which are currently the subject of research.

12. What are the economic benefits from transforming the system?

The most common approach used in health economics to assess proposals for improving mental health services is to first estimate the social cost of illnesses, and then estimate the social rate of return from investing in interventions and service transformations which are intended to save money in the future due to less illness occurring.

In health economics, the cost burden of a disease generally describes the total, cumulative consequences of a disease with respect to disabilities in a community. These consequences include health, social aspects, and costs to society. Social rates of return-on-investment studies are a form of economic cost-benefit analysis which highlight opportunities to "invest now to save in the long term".

Proposals which follow this approach rely heavily on assumptions and estimates about costs (NHS, individuals and society) and clinical effectiveness and future financial savings. Detailed costed "Invest to Save" proposals are outside the scope of this economic review. The review team were not asked to produce these. For further information on this type of analysis see:
The economic case for increasing access to treatment for women with common maternal mental health problems | Maternal Mental Health Alliance
and
A good investment: longer-term cost savings of sensitive parenting in childhood (wiley.com)

Based on existing studies the review estimates that transforming the current perinatal PTSD system would substantially reduce the likelihood that perinatal parents with untreated PTSD and their children would become heavy users of mental health, social and educational services. This is unlikely to achieve actual cash savings in Wales as patient demand for these services is rising faster than they can expand capacity. Instead, treating perinatal PTSD would enable other users to access these freed-up services.

In addition to the health and wellbeing benefits to mothers, infants and families of providing timely treatment for perinatal PTSD the main economic benefit for Wales would be a more efficient use of existing NHS scarce resources due to early intervention of perinatal PTSD resulting more people with other conditions being able to gain access to NHS services in the longer term.

13. Why is transformational funding crucial to building capability and capacity?

The system for treating perinatal PTSD in Wales is a system in name only. In practice, most perinatal parents who could benefit from mastering coping strategies to deal with their PTSD cannot access treatment. It is for that reason that the main finding of the economic review of the system is that it needs to be wholly transformed along the lines of the system in Scotland.

Such a system transformation would require the development of services over 3-4 years and involve a programme of projects both nationally and in each Health Board. Changing the system to expand access to treatments and make it effective will likely be beyond the available budgets of mental health services in Health Boards in Wales. If the costs were placed on either the Mental Health and Vulnerable Persons Directorate in Welsh Government or Welsh Health Boards then there would be large opportunity costs to decide on.

An opportunity cost is how economists think about what options must be sacrificed to choose one thing instead of another. In a situation where Welsh Health Boards were required to use their budgeted funds for mental health services to fund the system change for perinatal PTSD, then it is likely that other mental health services will end up being reduced to pay for it.

However, Welsh Government and NHS Wales have for some years operated service improvement funds and transformation programmes for just this purpose – to innovate and change the way that clinical services are provided in Wales.

The most feasible way of changing the system for treating perinatal PTSD is a Welsh Government transformation / service development programme delivered in collaboration with each Health Board. Transforming the provision of services that treat perinatal PTSD will take several years and require separate funding. However, once the new system has been implemented and audited, the responsibility for funding it can be factored into future budget allocations to Welsh Health Boards and then funded from their budgets.

14. What are the plausible benefits of changing the system for the NHS Wales Executive and Welsh Government?

To paraphrase the Irish writer Margaret Wolfe Hungerford from her novel Molly Bawn in 1878 – “Plausibility is in the eye of the beholder”.

Put another way - the benefits of transforming the system in Wales are those that appear plausible to the NHS Wales Executive, Welsh Government, those affected by PTSD, and Welsh Health Boards.

So, what are the plausible benefits for the NHS Wales Executive and Welsh Government?

The main benefit is that it replaces a system where almost every mother with perinatal PTSD in Wales currently loses out with one modelled on NHS Scotland which is designed so that midwifery and primary care staff identify and refer relevant individuals for a psychology led assessment which results in every perinatal mother with PTSD being offered a clinically effective form of treatment which is appropriate to their need.

In addition, it would also achieve the goals of Welsh Government for greater equality in accessing mental health services across Wales – a concern reflected in the Senedd enquiry and report published last December – and an initiative which reflects the intentions of the Well-being of Future Generations (Wales) Act 2015 and the Trauma-Informed Wales Framework. See:
Well-being of Future Generations (Wales) Act 2015: the essentials [HTML] | GOV.WALES
and
Trauma-Informed Wales (traumaframeworkcymru.com)

The associated benefits of parents being more present, sensitive care givers also aligns with goals of the following Welsh Government documents which commit to providing early intervention to promote child development and parent-infant relationships in order to give Welsh children the best start in life. See:
Healthy Child Wales Programme | GOV.WALES
and
A healthier Wales: long term plan for health and social care | GOV.WALES
and
The Well-being of Future Generations | GOV.WALES

15. What are plausible benefits for mothers with perinatal PTSD and their families?

The main benefit for mothers is that a transformed system would enable them to access a quick assessment which can lead to them being given a choice about receiving a clinically effective and appropriate form of treatment regardless of whether they have severe or moderate PTSD.

The main benefit for parenting-infant relationships is that learning coping strategies for managing their PTSD will improve both the quality of parenting and the experience for parents and children during the early stages of parenting. For further information see: Infographics - Parent-Infant Foundation (parentinfantfoundation.org.uk)

The main benefit for families is that the reduced impact of PTSD on the mother will place less strain on relationships and improve the quality of family's lives. There is also a benefit in terms of planning future additions to the family as perinatal PTSD can lead to a reluctance to go ahead with another pregnancy.

16. What the plausible benefits for Welsh Health Boards?

The main benefit for Welsh Health Boards is that treating perinatal PTSD will minimise the likelihood that if untreated it will lead to more health issues for individuals and their children which in turn will result in more attempts to use NHS services in the future.

As described above, providing timely treatment for perinatal PTSD is likely to enable the more efficient use of scarce NHS resources (staff time, clinical appointments, etc) in the future and so enable other people in Wales to access those freed-up services.

17. Conclusions.

The first conclusion is that the processes for identifying those mothers with perinatal PTSD does not work because midwives, health visitors, GPs and other staff in primary care services are not trained and supported to administer 'screening questionnaires' and refer mothers for full assessments.

The second conclusion is that the treatment of perinatal PTSD is ineffective because Wales lacks the core staffing capabilities and capacity to provide timely treatment to mothers.

The midwives, health visitors, GPs, mental health teams and psychology services are currently unable to work effectively to help mothers with perinatal PTSD and with few exceptions almost every mother with perinatal PTSD in Wales currently loses out.

The NHS Wales Executive, Welsh Government and Welsh Health Boards also lose out because they are currently faced with spending more resources to deal with the health consequences arising from perinatal PTSD which has gone untreated.

The overall conclusion is that Wales's needs both new workforce capabilities to ensure the effectiveness of the Wales Perinatal Mental Health Programme care-pathway number 10 for Psychological Support and Interventions, along with a standard service specification for perinatal mental health, including perinatal PTSD. This conclusion forms the basis of the recommendations below.

18. Recommendations.

Recommendation 1:

The review team first suggests that the Perinatal Mental Health Programme Board consider the findings of this report and recommend to the Welsh NHS Executive that it establish a transformation project to develop new staffing capabilities and change the existing system in Wales to one based on the Scottish model.

The Scottish model is recommended because it more closely resembles the aim of Welsh Government to introduce standard service specifications in the Welsh NHS which can be managed locally by Welsh Health Boards. Such a system in Wales would help ensure equal opportunities for all individuals to access treatment for their perinatal PTSD. This approach seems to offer a suitable model for Wales.

The review estimates that the transformation of the existing system in Wales to one resembling the Scottish model might take 1-2 years and involve recruiting a core number of practitioner psychologists and other trained therapists whose roles would be:

- Treating mothers with either severe or moderate forms of perinatal PTSD.
- Training midwives, health visitors and GPs to administer 'screening questionnaires' and refer mothers for a full clinical assessment and treatment.
- Ensuring the quality management of processes in the new system from training to referral to treatment.
- Working with translational researchers to test and evaluate new forms of treatment and new modes of delivery of established evidence-based models for improving the provision of psychological therapies and related care over time.

Recommendation 2:

The review team secondly suggests that the Perinatal Mental Health Programme Board recommend to the Welsh NHS Executive that Wales align some of its' funded translational research activities with the new transformed system so that it has the potential to develop and improve over time.

The review identified that besides TF-CBT and EMDR there are other forms of treatment and new modes of delivery of established evidence-based models which could offer future benefits for Wales if they were supported by translational research activities whose aim would be to demonstrate whether they are clinical effective for a perinatal population which may have different needs and responses compared to the general population.

The need for translational research is recognised by psychologists and therapists who work with perinatal mothers across the UK and opportunities may exist for undertaking these activities jointly with colleagues in Scotland and England.

Lastly, the review identified that the National Centre for Mental Health in Wales is planning to develop versions of guided self-help forms of TF-CBT which are tailored to the specific needs of population sub-groups, such as veterans. Developing a version specifically for mothers with perinatal PTSD also offers an opportunity and should be explored.

END

19. Review members:

Dr Sarah Douglass, Principal Clinical Psychologist, ABUHB and Chair of the TSW Perinatal Workstream.

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20. Acknowledgements.

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2. Shona McCann, Specialist Midwife in Perinatal Mental Health. Chair of Perinatal Mental Health (NHS Scotland) Specialist Midwives Meeting.

3. Dr Joan Burns, Consultant Clinical Psychologist – Maternity & Neonatal Psychological Interventions (MNPI) Clinical Forum Co-chair.

NHS England:

4. Carla Danieli, Programme Manager, Maternity Transformation Programme and Perinatal Mental Health, NHS England.

5. Helen Crook, Programme Manager, Perinatal Mental Health, NHS England.

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Wales:

7. Professor Jon Bisson, Director of Traumatic Stress Wales (TSW).

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9. Simon Westlake, Health Intelligence Service, NHS Wales Executive.

10. Kate Burton, Mental Health and Learning Disabilities, Performance and Assurance, NHS Wales Executive.

Third sector organisations:

11. Dr Karen Bateson, former Head of Clinical Strategy and Development at the Parent Infant Partnership (PIP) UK.

12. Kim Thomas, CEO, Birth Trauma Association.

13. Sarah Witcombe-Hayes, Senior Policy Researcher at the National Society for the Prevention of Cruelty to Children (NSPCC) and the Wales Coordinator for the Everyone's Business Campaign, at Maternal Mental Health Alliance (MMHA).

Academics:

14. Dr Annette Bauer, Assistant Professorial Research Fellow at the Care Policy and Evaluation Centre (CPEC) at the London School of Economics and the economic research lead for the MMHA report published in May 2023.

15. Dr Pauline Slade, Professor in Clinical Psychology at the University of Liverpool.

16. Dr Susan Ayres, Professor of maternal and child health at City University, London.