

Influencing the next Mental Health Strategy



Photography by Tom Hull. The adult and child pictured are models.

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Introduction

This paper has been developed by the Wales Perinatal Mental Health Implementation Network, NSPCC Cymru and the Maternal Mental Health Alliance to help influence and shape the direction of perinatal mental health (PMH) and parent-infant relationship (PIR)ⁱ support in the forthcoming Welsh Government mental health strategy.

The content of this paper has been informed by three workshopsⁱⁱ held in April with stakeholders across PMH and PIRⁱⁱⁱ. The workshops used a range of creative methods to identify stakeholder recommendations for PMH and PIR within the new mental health strategy. The workshops focused on exploring five key areas including,

- Progress in PMH and PIR support
- Gaps in current PMH and PIR provision
- Barriers to progress
- What needs to change to move things forward
- Priorities for PMH and PIRs in the next mental health strategy

Based on the key themes that emerged from the workshops, we have developed ten recommendations for PMH and PIR support within the next mental health strategy.

The first section of this paper outlines the learning from the workshops and focuses on the themes related to progress, gaps and key priorities for PMH and PIR. The second half of the paper details the ten recommended priorities for PMH and PIR support in the next mental health strategy.

Summary of Recommendations for Welsh Governments next Mental Health Strategy

1. Sustainable funding for specialist PMH services to provide high quality and safe specialist inpatient and community care
2. Equitable PIR support available across Wales
3. MBU provision that meets the needs of all women and families across Wales
4. Commitment to ensure all parents and babies have equitable access to psychological interventions
5. Prioritise national PMH and PIR training
6. Commitment to develop & implement a national trauma pathway for the perinatal period
7. Raising awareness of PMH and PIRs
8. A consistent approach to investing in mild to moderate PMH support across Wales
9. Develop good practice guidance to support equity of access to services
10. Dedicated support for parents who have previously had children removed or are on the edge of care

Section One

Learnings from the Workshops

Progress, gaps, and key priorities

Workforce

There was strong recognition of the increased funding that has been put into PMH to develop multidisciplinary specialist teams in each area of Wales, and to expand PMH roles across the whole pathway (e.g. in universal services, specialist and third sector). Delegates also spoke of how the PMH teams were supported to adapt to meet the needs of women and families during the COVID pandemic. Delegates celebrated the growing interest in PIR support, the development of the two multidisciplinary parent-infant relationship services (PAIRS) in Cardiff and Gwent, and the pilot PAIRS in Betsi Cadwaladr. However, workforce challenges arose as a reoccurring theme. Delegates identified the difficulties in staff recruitment and retention and how this was impacting on the day-to-day operation of



PMH services, and the services that support families across the whole system^{iv}, like midwifery and health visiting. Delegates described how there is a depleted pool of appropriately trained practitioners in PMH and PIR support and that this has created challenges in recruiting to specific posts. Workforce pressures were also identified as a barrier for staff in being able to attend and complete training. Delegates also highlighted inequitable service provision, and the inconsistencies in certain roles within the specialist PMH teams across Wales, like peer support roles. Delegates discussed how these workforce challenges were being exacerbated by clinical day to day pressures and the increased vulnerability of families since the COVID pandemic.

Funding

Funding for services was identified as a reoccurring theme in mapping barriers, and what is needed to progress PMH and PIR support in Wales. Delegates emphasised the importance of there being an increase in dedicated and long-term funding for PMH and PAIRS, and how crucial it is for Welsh Government to make these areas a priority for funding within the next mental health strategy. Delegates highlighted five main areas that they felt need specific investment.

- **Specialist PMH services**

Although it was noted that Welsh Government has prioritised and invested in the development of PMH services, delegates indicated that there are still vital gaps in resourcing and that this has created barriers for teams in being able to meet quality standards^v and in addressing the increasingly complex needs of families affected by PMH problems. There were calls for a renewed focus on developing and investing in specialist PMH services so they can provide both safe and high-quality service delivery (meeting the minimum levels of care as indicated by national CCQI

standards) whilst diversifying the skill mix in teams, so they can meet the unique needs of families. A common theme was the need to increase the capacity of PMH teams and Uned Gobaith, to help manage increasing and more complex referrals since the COVID pandemic. Delegates recommended sustainable investment to develop teams, including establishing additional peer support roles and a perinatal pharmacist in each PMH team, increased psychology provision, and increased specialist health visiting and midwifery roles.

- **PAIRS**

Delegates identified a very clear need to prioritise the development of PIR support across Wales, taking a whole system approach. Delegates pointed to the significant gaps in specialist PIR support that need addressing in order to have an equitable all Wales offer for families experiencing the most complex needs. The emphasis was placed upon ensuring that there is equity of access to a graduated offer of PIR support from universal, targeted, to specialist, across all health boards. This includes prioritising investment for the establishment or further development of PAIRS in each area of Wales. Delegates spoke of the importance of having clear pathways to ensure that families can get the support they need at the right time. Recommendations were also made about PIR training for universal and specialist services, to aid the early identification of risk and effective signposting for families who are struggling.

- **Psychological interventions**

Providing adequate psychological support at the right time, by the appropriately skilled professionals, was identified as a priority for the next mental health strategy. Workshop delegates raised concerns about significant gaps and inequalities in psychological provision within the perinatal period, and the need for investment for improved and more timely access to effective evidence-based psychological interventions across the system for people who have experienced trauma, fear of giving birth, and bereavement, as well as dedicated trauma services for families on the edge of care, or parents who have had their babies removed. Increasing capacity in PMH teams and targeted psychological support for parents who have new-born babies in neonatal units were drawn out as key areas for development. Concerns were highlighted that psychological support for parents with babies on neonatal units was sporadic, resulting in an unequal provision of support for parents across Wales. There were also particular concerns that parents subject to care proceedings are falling through the gap, as they are not usually able to access PMH support, but often experience complex trauma and grief.

- **Mild to moderate PMH support**

A common concern across all workshops was the inconsistency in community support for women and their families with mild to moderate mental health difficulties^{vi} who do not meet the threshold for specialist services. We heard that there are some great practice examples across Wales of mild to moderate PMH antenatal and postnatal support, but that the picture is fragmented, unequitable and often unstable, as these services face short-term and ad-hoc funding. Delegates called for a commitment in the next mental health strategy for sustainable funding

to support services so all women and families who are experiencing mild to moderate mental health difficulties across Wales can access timely and consistent early interventions.

- **Ante-natal support**

Investment in universal services to increase capacity and capability was also considered essential in being able to provide additional PMH and PIR support. Delegates stressed the importance of adequate funding across midwifery and health visiting services to support ante-natal contacts and universal ante-natal groups and classes to ensure that all parents are offered the same opportunities for support across Wales. The ante-natal period, and particularly, the booking appointment, was viewed as a critical point in time where midwives can identify the need for a PMH referral or additional support, as well as instigate, initiate, and normalise conversations around mental health and wellbeing, reducing feelings of stigma and shame. Delegates spoke of how essential continuity of care is to help foster this trusting relationship. In addition, delegates highlighted the importance of specialist PMH midwifery and health visiting roles and felt that funding to enhance these roles needs to be considered, to ensure that there is a consistent approach across health boards to allocated hours and roles and responsibilities.

Infrastructure



While the growth of PMH teams was celebrated, one of the ongoing challenges and barriers to progress that was highlighted was unsuitable accommodation. Delegates drew attention to a lack of office space for hosting specialist PMH teams, and inadequate clinical space for consultations and to undertake therapeutic work with families. Delegates also spoke about the difficulties of not having a shared digital records system across Wales for sharing information between health board areas and across health and social care.

Delegates felt that addressing these infrastructure challenges and improving working conditions will be essential in progressing PMH support in Wales. They want to see appropriate office and clinical space for all PMH teams, and the implementation of an all-Wales electronic records system to foster effective communication between multidisciplinary teams across the system.

MBU provision

Developments in specialist inpatient services in Wales was highlighted as a key area of progress. The opening of the interim MBU 'Uned Gobaith' in April 2021, and the plans to collaborate with NHS England to establish a joint MBU in Chester which will have two ring-fenced beds for women from North Wales, was celebrated. However, delegates raised concerns about the uncertainty of a permanent option for the South Wales MBU, and how long it will take for the Chester MBU to be completed and accessible for women from North Wales.

PMH and PIR Training

Delegates acknowledged that there has been an increase in PMH and PIR training opportunities for specialist staff, as well as other professionals working in the perinatal period. However, it became clear that there was a lack of awareness about the training offer that is available across Wales, and there are some challenges in managing conflicting priorities and in staff being able to be released to attend PMH and PIR training. Specific training gaps were identified in relation to understanding the needs of the whole family^{vii}, families facing adversity and multiple disadvantage^{viii}, the safe use of medication in pregnancy and after birth, and pre-conception perinatal mental health care (e.g. pre-conception assessment provided by specialist PMH teams). Delegates identified how important it will be to prioritise PMH and PIRs training in the next



mental health strategy. They highlighted the importance of a more consistent all Wales PMH and PIR training offer, which addresses those gaps and is available to all professionals working with families across the perinatal period, including health, social care, and the voluntary sector. It was felt that this could help to establish more routine discussions about PMH and PIR difficulties and the birth experience for both parents, and aid early identification and timely referrals. Delegates also emphasised the importance of the training focusing on pre-conception and antenatal care, particularly in relation to how instrumental these stages can be in supporting the wellbeing of new parents. Delegates also highlighted the importance of staff being given opportunities to develop their Welsh language skills.

Raising awareness of PMH and PIRs

A common theme that came out the workshops was the need to educate the general population and raise awareness of PMH and the benefits of healthy PIR. Delegates noted how the public's awareness of PMH and its potential impact on the whole family has increased over the last few years, alongside a growing awareness about the importance of PIR. Workshop delegates also described more awareness and clarity about the purpose and function of specialist PMH teams. However, delegates felt there were gaps in the information on PMH and PIR that is being shared with those planning a pregnancy, those who are pregnant or are new parents. Concerns were also raised about the pervasive stigma faced by families experiencing PMH problems and PIR difficulties, and how this can create real barriers in families coming forward to seek early help and support. Delegates suggested harnessing publicity campaigns targeted at future parents to increase the knowledge about PMH and PIRs and to address any stigma or fear that parents might experience in asking for help. A particular area of discussion was the opportunity to educate people before they become parents. Suggestions were given about educating young people on good PMH and the importance of PIRs through the new curriculum. Delegates felt that key messages about early brain development and the importance of the early years on lifelong health and wellbeing should be taught to children in age-appropriate ways in both

primary and secondary schools. It was felt that these messages could support children's understanding of what babies need and why it matters and encourage responsive parenting.

Partnership working



Positively, there was a real sense that PMH has become everybody's business over the last 10 years. Delegates felt this was reflected in the whole systems approach to PMH that has been developed across health,

social care and the third sector. Examples were given of partnership working across teams and agencies to support women and families; increased networking and support; and the development of clear pathways. However, delegates felt that there were gaps, and with the ongoing workforce challenges they face, better partnership working is essential for progressing PMH and PIR support in Wales. Moving forward delegates want to see a focus on creating more collaborative, respectful, and transparent multi-agency working. They felt that prioritising better integration of services, would enable more shared learning, more networking opportunities, and ultimately help to ensure that women and families get timely access to the care they need. Delegates also raised the need to develop effective PIR support pathways.

Trauma informed care

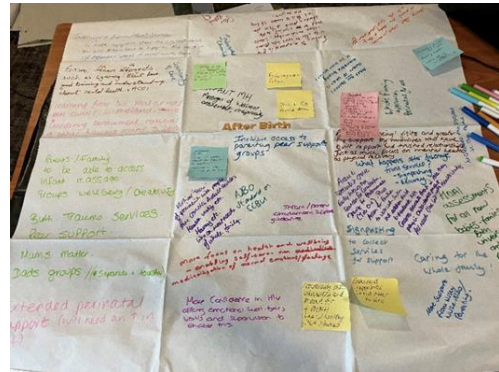
The importance of developing trauma informed care arose as a key theme throughout the workshops. While delegates talked about the progress in understanding and recognising trauma so the individual needs of women and families can be addressed, they pointed to gaps in support for parents who had experienced past and present trauma, bereavement, and loss, and gaps in training for professionals. Delegates called for more investment in specialist perinatal trauma services, and trauma informed training for the perinatal workforce across the system to make sure that trauma can be recognised and responded to in a way that reduces its impact for families in accessing services and supporting recovery.

Equity of access to services

Delegates acknowledged some progress in the understanding that PMH difficulties can impact on the whole family, as well as occur alongside or possibly because of adversity and multiple disadvantages faced by some families. However, delegates felt that the needs of the whole family and those facing adversity and multiple disadvantages are not currently well understood or being met by existing PMH and PIR services. Delegates also drew attention to service gaps in dedicated mental health support for wider family members like dads, partners, co-parents, babies, and other children. Delegates called for the next mental health strategy to commit to training and guidance for health and social care professionals on better supporting the whole family and families facing multiple disadvantages, to make sure that services can be adapted to be more person centred, fully inclusive and accessible to all. It was also recognised that services need better resourcing to enable them to do this and to adopt a whole family approach through a self-help, community and specialist offer.

Leadership

For there to be sufficient policy and service development and engagement for PMH and PIR support at individual service levels and at a health board level, delegates indicated how vital it is for Welsh Government to identify and clearly articulate PMH and PIR support as national priorities. It was felt that this commitment and steer from Welsh Government at a national level would help drive forward progress in health board areas. This was deemed particularly important in areas where health boards have not fully endorsed PMH as a priority, and this has impacted on the engagement and support for the development of services locally. Delegates also talked about the importance of cross-government support and working for progressing PMH and PIR care.



Key Message

It is evident that there has been considerable progress in supporting women and families affected by PMH and PIR difficulties over the last 10 years. Key highlights have been the development of some level of multidisciplinary specialist PMH teams in each area in Wales, the opening of the interim inpatient mother and baby unit in South Wales, and an increased interest in developing PIR support. There have also been significant strides forward in public and professional understanding of PMH problems, which has helped aid early identification and timely support for families that are struggling. However, significant gaps remain that need addressing in order to meet the increasingly complex needs of families. One of the main concerns raised was the inequity of provision between health boards, and the postcode lottery of PMH and PIR support that remains for families. To drive forward progress, delegates called for the prioritisation of PMH and PIR service development (including universal, community and specialist) within the new mental health strategy, with a focus on consistency and equity of access for all families that need support. Delegates also felt that Welsh Government have a really important strategic role in prioritising PMH and PIR support, which would help to foster engagement at health board levels. They also talked about needing a universal offer of training for all professionals working with families in the perinatal period to help aid early identification of need.

Section Two

Recommendations for Welsh Governments Mental Health Strategy

The Wales Perinatal Mental Health Implementation Network, NSPCC Cymru and the Maternal Mental Health Alliance have developed ten recommendations based on what delegates told us in the workshops. The recommendations outline the policy and practice commitments needed within the next mental health strategy to support all women and families affected by PMH and PIRs difficulties in Wales.

1. Sustainable funding for specialist perinatal mental health services to provide high quality and safe specialist inpatient and community care

Specialist PMH services are vital as they not only provide life-saving care, but they act as a catalyst for change across the whole pathway, as well as sharing expertise and helping to train health and social care professionals working in the perinatal period. While progress in establishing specialist PMH services in Wales has been positive, there is still a postcode lottery of support, with none of the seven PMH services in Wales currently meeting 100% of Type 1 national CCQI standards^{ix}. It is essential that the next mental health strategy sets out additional commitments and sustainable investment to ensure that all health boards deliver services that can achieve and maintain CCQI quality standards. There should also be an expectation that all specialist PMH teams and Uned Gobaith should achieve CCQI accreditation. A key element of this will be working in collaboration with the health boards and the Wales PMH Implementation Network to continue to ensure focus and funding to further develop PMH services. Investing to increase the capacity and skill mix of PMH teams and Uned Gobaith should be prioritised to ensure a workforce that can meet local needs, including the ambition to extend the referral criteria for specialist PMH services to 24 months. Particular attention should be given to increasing peer support roles to improve wellbeing and social support; specialist PMH pharmacists to help advise on the safe use of medication in pregnancy; and parent-infant practitioners. Key to achieving high quality and safe services is having adequate infrastructure for PMH and PIR teams. Identifying appropriate office and clinical space, as well as developing digital health records should be key commitments within the next mental health strategy.

2. Equitable parent-infant relationship support available across Wales

The next mental health strategy should include a clear commitment from Welsh Government to develop a graduated offer for infants and their families, that provides a continuum of support from universal through to specialist, in every area. This should include prioritising investment for specialist PIR teams in each area of Wales who are able to offer direct therapeutic support to families experiencing severe, complex and/or enduring difficulties in their early relationships. There is a strong economic case for investing in PAIRS/PIR support, as they can be extremely cost-effective and generate long-lasting, cumulative benefits^x. There should also be a focus on training to enhance competencies in universal services so they can provide advice, support and signposting. We also suggest establishing a national leadership role in PIR support, to drive forward developments in specialist services, bring key

stakeholders together across the system, and to help raise awareness of the importance of PIRs.

3. MBU provision that meets the needs of all women and families across Wales

The next mental health strategy should have a clear priority to establish and develop MBU provision that meets the needs of women and families across Wales. A focus should be on establishing the Chester MBU and having a clear timeline for its opening. Timescales should also be agreed for monitoring and reviewing the Chester MBU once it opens, to make sure it meets the needs of women from North Wales, including capacity of beds and Welsh language provision. A commitment should also be made to action the recommendations in the one-year review of Uned Gobaith, and to agree and publicly communicate the permanent option for the South Wales MBU. Investment should be prioritised to grow the workforce and develop the skill mix of Uned Gobaith, including a peer support worker post and increased nurse nurse provision.

4. Commitment to ensure all parents and babies have equitable access to psychological interventions

It is vital that the next mental health strategy prioritises resources to enable improved and more timely access to effective evidence-based psychological interventions across the system for people who have experienced trauma, fear of giving birth, and bereavement, as well as dedicated trauma services for families on the edge of care, or parents who have had their babies removed. There should be a focus on increasing capacity in PMH teams and making sure there is targeted psychological support for all parents who have new-born babies in neonatal units. There needs to be investment in developing the psychological workforce, including adequate training and clinical supervision, to ensure that there is a seamless offer that wraps around the unique needs of the whole family.

5. Prioritise national perinatal mental health and parent-infant relationship training

It is important that Welsh Government and Health Education and Improvement Wales continue to prioritise and provide national funding for ongoing and emerging PMH and PIR training needs for all professionals working within the perinatal period. We would like to see a workforce development plan for PMH and PIR that focuses on developing the PMH and PIR competencies of the specialist workforce, and on ensuring there is a more consistent all Wales training offer to all professionals working with families across health, social care, and the voluntary sector. This training needs to address how to support the whole family with PMH problems, effectively reaching and supporting families facing adversity and multiple disadvantages, and the safe use of medication in pregnancy and after birth. There is also a need to promote and share the recently developed Perinatal and Infant Mental Health Competency Framework and Training Plan (consisting of 7 core e-learning modules) with professionals working across the system.

6. Commitment to develop & implement a national trauma pathway for the perinatal period

It is vital for the Wales Perinatal Mental Health Implementation Network to continue to work in collaboration with Traumatic Stress Wales and the National Bereavement workstream, to develop and implement a perinatal trauma and bereavement pathway. This should enable improved and more timely access to effective evidence-based psychological therapies for people who experience trauma, fear of giving birth and bereavement in the perinatal period. There should also be a focus on training to make sure that there is a trauma-informed and responsive health and social care workforce across Wales, which can recognise PMH trauma and respond in such a way that reduces its impact on accessing services and supporting recovery.

7. Raising awareness of perinatal mental health and parent-infant relationships

The next mental health strategy should have a key priority focused on increasing public and professional awareness of PMH and the importance of PIRs. It should include:

- Developing a national campaign to raise awareness of the key steps that can be taken to support good mental wellbeing, to increase knowledge of PMH problems, the importance of PIRs, and to encourage more open dialog to help address and reduce stigma and shame. It should also identify where PMH and PIR support is available for families.
- Reviewing the information given to parents and future parents to ensure that it sufficiently focuses on why PMH and PIRs matter. This information needs to be non-stigmatising and co-produced with parents and experts in the field.
- Opportunities should also be sought to incorporate age-appropriate learnings into the new curriculum for Wales on good mental wellbeing in the perinatal period, the normal emotional transition to parenthood, and the importance of positive parent-infant interactions.

8. A consistent approach to investing in mild to moderate perinatal mental health support across Wales

Currently there is no routinely funded provision for meeting the needs of families experiencing mild to moderate PMH problems in either universal services such as maternity and health visiting^{xi}, or within the third sector across Wales. The next mental health strategy should set out a clear plan, along with consistent and sustainable investment to progress mild to moderate PMH support in universal maternity care and health visiting, and within the third sector. This approach will have economic benefits^{xii}, as well as improving care for women and families, and helping to give babies the best start in life.

9. Develop good practice guidance to support equity of access to services

Within the new strategy, it is very important that there is a focus on better understanding the needs of the whole family and on families facing adversity and

multiple disadvantages. This includes dads/partners, other children, wider family members, LGBTQ+ parents, families from racialised communities, asylum seekers and refugees, young families, single parents, women experiencing domestic abuse, families living in poverty, care experienced mothers, and neurodiverse and disabled parents. This requires services and systems to think about barriers to care and how they can ensure the needs of all families are met. It is vital that support, services, care and treatment are person centred, fully inclusive and accessible to all. Services must take an intersectional approach and understand how people's lived experiences can combine to disadvantage certain groups and create health inequalities. An important part of this is services knowing their local communities and listening to the voice of lived experience. Good practice guidance should be developed on working with the whole family and families facing adversity to improve outcomes, supplemented with a range of community of practice events across the whole system which supports services to work with families to address intersectional barriers to accessing PMH and PIR support.

10. Dedicated support for parents who have previously had children removed or are on the edge of care

The next mental health strategy should have a clear priority to establish and develop edge of care services that support optimum PMH and PIR support. All parents involved in care proceedings should receive therapeutic support to promote their mental health during the perinatal period and support them to develop healthy relationships with their babies. It is vital that this support is available to families in every area of Wales. When services are consistently available at the right time for parents throughout their parenting journey, this can help support families to safely stay together.

End Notes

ⁱ Can also be referred to as infant mental health

ⁱⁱ The workshops were held in Cardiff, Carmarthenshire and Wrexham

ⁱⁱⁱ There was good engagement from the PMH and PIR sector and the workshops were well attended. There was representation from each of the seven health boards in Wales, and from services and agencies working across the perinatal period. This included PMH teams, Uned Gobaith, PAIRS, third sector services, social care, lived experience, early years (including maternity, health visiting, local authority flying start and edge of care services), Royal Colleges, The Welsh Health Specialised Services Committee (WHSSC), neonatal, Regional Partnership Boards, eating disorders, pharmacy, Care Inspectorate Wales, learning disability and neurodivergence, Public Health Wales, NEST/NYTH, Maternity Voices Partnership, Child and Adolescent Mental Health Services (CAMHS), peer supporters, gynaecology and obstetrics, safeguarding, mental health, private enterprises and private consultants.

^{iv} A whole systems approach to PMH refers to not just health, but social care, and anyone else working with families in the perinatal period, including statutory agencies and the voluntary sector

^v Type one CCQI standards are the minimum level of care

^{vi} This can also be referred to as common mental health problems

^{vii} When we used the term 'whole family' we are referring to dads, partners, co-parents, siblings, babies and infants, other children, parents, grandparents, and wider family members

^{viii} Families facing adversity and multiple disadvantages are likely to include LGBTQ+ parents, families from racialised communities, asylum seekers and refugees, young families, single parents, women experiencing domestic abuse, families living in poverty, care experienced mothers, and neurodiverse and disabled parents.

^{ix} See Maternal Mental Health Alliance (2023) [Specialist perinatal mental health care in the UK 2023](#).

^x Bateson, K., Sercombe, M and Hamilton, W (2021) [Sicrhau bywydau iach Securing Healthy Lives An extended summary of research about parent-infant relationship help and support across Cwm Taf Morgannwg](#). Parent-Infant Foundation; First 1001 days Movement (2020) [Investing in Babies: The economic case for action](#);

^{xi} See Bauer, A., Tinelli, M & Knap, M (2022) [The economic case for increasing access to treatment for women with common mental health problems during the perinatal period](#). Care Policy and Evaluation Centre London School of Economics and Political Science.

^{xii} Ibid