

24 July 2017

Dear Chief Executive

Inquiry into Perinatal Mental Health

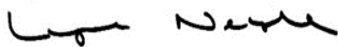
As you will be aware the Children, Young People and Education Committee is conducting an [inquiry into perinatal mental health](#).

As part of the inquiry the Committee has been taking evidence on access to - and waiting times for - psychological therapies. The Committee is keen to understand what provision is available in each Health Board. To inform the Committee's conclusions and recommendations, it would be useful if you could provide the following information:

- the process for a woman who needs psychological therapy support to access it;
- waiting times for access to psychological therapy services;
- the number of individual and group perinatal clinical psychological sessions provided by your Health Board weekly;
- a breakdown of the proportion of time spent by each of your psychologists on providing:
 - (a) 1-to-1, and
 - (b) group,psychological therapy sessions for women requiring perinatal support [please provide disaggregated data for (a) and (b)].

The Committee would very much welcome this information by 24 August 2017.

Yours sincerely,



Lynne Neagle AC / AM
Cadeirydd / Chair



Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and
Education Committee
Iechyd Meddwl Amenedigol - Gwybodaeth Bellach | Perinatal Mental Health -
Further Information
PMH FI 01
Ymateb gan: Bwrdd Iechyd Prifysgol Aneurin Bevan
Response from: Aneurin Bevan University Health Board

In response to your letter of 24 July, regarding the inquiry into Perinatal Mental Health the following summarises the Health Board's position relating to your specific questions.

The Perinatal Mental Health Team for Aneurin Bevan University Health Board has been operational since October 2016. The service accepts referrals for women with moderate to severe mental health problems from conception until they are 6 months postnatal.

We currently have one Principal Clinical Psychologist in post for 18.5 hours per week. Until June we also had a full time temporary Assistant Psychologist in post, but as other members of the specialist multi-disciplinary team have been appointed with the monies provided by Welsh Government, the service has recently appointed an Assistant Psychologist for 18.75 hours per week.

1. The process for a woman who needs psychological therapy support to access it:

Following referral the clients are assessed by a borough clinician from the Peri-natal team within 28 days of referral to the team. If the team member and the client believe they would benefit from group intervention, the client will be offered a space in the next available group therapy programme. Currently as the newly appointed Assistant Psychologist has yet to commence post, the only group available is for Acceptance and Commitment Therapy (ACT) which is offered to any mothers residing in the 5 boroughs of Aneurin Bevan but is delivered in Newport. Previously the Assistant Psychologist was co-facilitating the ACT group and running two mindfulness groups, one in Newport and one in Caerphilly.

If the team member feels individual psychological intervention is needed then the team member will discuss the client in the multidisciplinary team meeting or arrange a consultation with the psychologist. The psychologist will either support the clinician, through supervision, to provide a psychological intervention or offer an assessment appointment either individually or jointly with the borough clinician. Following assessment, the psychologist then decides whether direct intervention is required from the qualified or assistant psychologist or whether the team clinician can deliver a psychological intervention with support through supervision with the qualified psychologist.

For birth trauma the mental health midwife is also able to offer REWIND therapy following her assessment appointment.

2. Waiting times for access to psychological therapy services:

There is not a waiting list for access to psychological services. However due to only offering one group at present, some clients may have to wait up to three months to start a group. When the assistant psychologist was in post all women requiring psychological intervention were offered a group intervention within a month of their assessment.

For individual therapy, the qualified psychologist will offer an assessment within a month of the referral from the team member. The longest wait for individual intervention with the qualified psychologist is approximately two months.

For birth trauma, the mental health midwife is able to offer REWIND therapy within 1-2 weeks of a referral.

3. The number of individual and group perinatal clinical psychological sessions provided by your Heath Board weekly:

The Principal Clinical Psychologist provides:

1 session group intervention

1.5 individual sessions (assessment or intervention)

4. A breakdown of the proportion of time spent by each of your psychologists on providing a) 1-to-1, and b) group, psychological therapy sessions for women requiring perinatal support [please provide disaggregated data for (a) and (b)]

Principal Clinical Psychologist:

a) 1-1 16%

b) Group 11%

Assistant Clinical Psychologist (when in post):

a) 1-1 8%

b) Group 16%

The Health Board aims to provide psychological intervention to all women who need this support. The Health Board does not hold a waiting list for psychological interventions as this would be unhelpful to mothers prenatally, moreover, it would also be detrimental to the infant if their mothers mental health goes untreated. Therefore, where psychology staff have no capacity to deliver the intervention directly there is support and supervision to other clinicians to provide a timely approach to psychological intervention. The specialists are investing time in providing supervision, consultation and training to develop the skills of other clinicians to ensure a wider group of mothers are given effective psychological advice and support.

There are unmet needs within this population. Within the perinatal team we can only offer brief and time limited interventions due to limited capacity. This means clients' needs may only be partially met if they require longer term interventions. Clients with longer term needs can be referred onto secondary care Adult Mental Health services, though the Health Board recognises there are long waits for psychological intervention in many of these services.

The demand for psychological therapies is immense and growing. The service would like to further develop therapeutic groups focusing on the infant-parent attachment (e.g. the evidence based Watch, Wait and Wonder groups) and Dialectical Behaviour Therapy groups to address mothers with emotional dysregulation. The Health Board would also like to develop an antenatal mindfulness group for couples and consider the provision of crèche facilities to make these services more accessible.

This will all be considered in are part of the development of the next Health Board's Integrated Medium Term Plan for prioritisation for additional funding.

I hope this answers your questions and reflects the commitment of our clinicians to support mothers who require psychological therapies. If you would like any further information please do not hesitate to contact me.

(1) The process for a woman who needs psychological therapy support to access it.

Women are referred to the Perinatal Community Mental Health Service by their Midwife/Obstetrician/GP/Health Visitor/Another secondary care mental health service (e.g. a CMHT). Following the initial assessment by a member of the team a care and treatment plan is devised in collaboration with the service user. If a psychological therapy is indicated then a referral is made to the psychology team within the service. The intervention could either be an intervention that is delivered on an individual basis or in a group setting (or both).

(2) Waiting times for access to psychological therapy services.

Since the Welsh Government investment in the Perinatal mental health services in Wales the maximum waiting time a service user has experienced has been 14 weeks for individual therapy and 12 weeks for a group delivered psychological intervention.

(3) The number of individual and group perinatal clinical psychological sessions provided by your Health Board weekly;

We have 9 sessions of qualified Clinical Psychology provision within the service per week (0.9 wte). In addition we have 6 sessions of an Assistant Psychologist within the service (0.6 wte).

(4) A breakdown of the proportion of time spent by each of your psychologists on providing:

For our qualified Clinical psychology sessions approximately 80% of the clinicians' time is allocated to the provision/delivery of 1-to-1 psychological interventions and related activities (e.g. supervision, writing case notes, administration, travel, preparation for sessions, service development etc). The remaining 20% of time is allocated to the delivery of group based psychological interventions.

For the assistant psychology sessions approximately 40% of time is allocated to the delivery of group based psychological interventions, 30% to 1-to-1 individual psychological interventions and 30% to other duties (e.g. service development projects, research, administration, supervision etc).

1. Process for access to psychological therapies: For women presenting with a specific perinatal mental health issues Le. birth trauma, severe anxiety/depression (related to pregnancy), psychological therapy is accessed via the PRAMS generic assessment pathway I.e. women referred directly to PRAMS -seen for mental health needs assessment by a perinatal team clinicians (nurse/OT/psychiatrist) if psychological therapy is indicated internal referral to PRAMS clinical psychologist.

Where there is a need for psychological therapy but presenting difficulty is not perinatal specific i.e. presentations such as chronic/long term OCD, childhood trauma, part of a pre-existing severe mental illness women are signposted/referred to most appropriate existing service i.e. LPMHSS to access psychological based therapies. If mental health presentation requires referral to secondary MH services this will be facilitated by PRAMS following initial PRAMS assessment and a recommendation shared regarding need for psychological therapy.

2. The waiting time from internal referral (need for clinical psychology input being identified) to direct contact with PRAMS clinical psychologist approximately 8 weeks. Due to the limited resource and limited cross cover working arrangement within psychology waiting times are intermittently impacted by annual leave, training or sickness absence.
3. Current provision of clinical psychology inadequate to meet needs of current service and the guidance of CCQI standards. Further development work needed to clearly identify service needs and additional investment. Current provision is 0.2WTE band 8a clinical psychology (1 day per week across all 3 localities for approx 6000 live births).
4. Currently no specific clinical psychology input to group work due to limited resources and this being directed to individual therapy. Clinical psychologist has been involved in developing the group programmes which are delivered by PRAMS nurses/Occupational Therapists which does increase the scope of the service.

The Clinical Psychologist for PRAMS is currently providing the team with group reflective supervision and case discussion on a bi-monthly basis to support the development of the psychologically informed approaches within the service and provide direct case consultation.

I trust this information will assist but should you require any further information please do not hesitate to contact me.

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and
Education Committee
Iechyd Meddwl Amenedigol - Gwybodaeth Bellach | Perinatal Mental Health -
Further Information
PMH FI 04
Ymateb gan: Bwrdd Iechyd Prifysgol Hywel Dda
Response from: Hywel Dda University Health Board

The process for a woman who needs psychological therapy support to access it:

Funding which was made available to each Health Board in 2015 has been utilized to develop specialist community based teams within each Health Board in order to provide support to women, their infants and families. The challenge faced by these new teams, is the provision of care and treatment required for women with moderate to severe perinatal mental health problems, whilst liaising with and providing training for staff in primary care. The Health Board has successfully developed a Perinatal Mental Health Service and has recruited a multidisciplinary team which includes a Perinatal Consultant Psychiatrist (0.3wte), Perinatal Specialist Lead Nurse (1.0wte), Occupational Therapist (0.5wte), Psychology Assistant (0.5wte), Perinatal CPN (1.4wte) and a Clinical Psychologist (0.2wte).

All women within the Health Board area, upon the receipt of their All Wales Handheld Antenatal notes, will also be provided with a Health Board Perinatal leaflet clearly outlining the purpose of the service. The leaflet contains details of any relevant contact numbers and useful websites. The leaflet also aims to normalise Perinatal Mental Health problems by its use of language and discussion on how every woman has the propensity to be affected by the increase in hormone levels during the perinatal period. It also clearly outlines what is offered by the service and how this is achieved.

There is a clear pathway for accessing Psychological Therapy within the Health Board. The Integrated Perinatal Service is fully functioning in Pembrokeshire and will be fully operational in September 2017 across Carmarthenshire and Ceredigion.

Specialist Perinatal interventions are offered within Primary Care, with priority given to all Perinatal clients, in order that they may receive intervention in a timely manner. Within the Health Board's Therapeutic Day Service, the 'Emotional Coping Skills' module from Dialectical Behaviour Therapy (DBT) has been specifically adapted, with assistance from Midwifery and Health Visiting, to offer a pertinent range of coping skills during the perinatal period for women who experience emotional dysregulation. Within the local Primary Mental Health Support Service, a specialist antenatal template for group work to utilising the principles of Cognitive Behaviour Therapy (CBT) has been created. The purpose of this group is to alleviate antenatal anxiety. Work is currently progressing to create a group for Perinatal post natal problems and the team plans to initiate a specialist group, the focus being to enhance the 'first attachment relationship' between mother and infant.

Women with a diagnosis of a serious mental illness (SMI), can be offered an assessment by the Perinatal Clinical Psychologist, the resulting formulation, (a theoretically-based explanation of the information obtained from a clinical assessment), is then shared with the psychology team in each Community Mental Health Service (CMHS). All young women under 18 years of age, if they meet the criteria of a mental health disorder which may require intervention, medication or

both, and are assessed to be in need of Perinatal Service assistance alongside S-CAMHS intervention and support, will receive Care Coordination in S-CAMHS.

The Primary Care Service within the Health Board provides the majority of the Perinatal Service's psychological interventions, which have been created in collaboration with the Health Board Midwifery and Health Visiting services. All Perinatal women are given priority to ensure timely intervention in order to help prevent problems occurring or reduce further deterioration.

Where Psychological assessment is needed following an initial psychological intervention at a low intensity level (Matrix Cymru 2017), a referral will be made to the Integrated Psychological Therapy Service (IPTS). The IPTS includes a range of psychological modalities such as Cognitive Behavior Therapy, Psychodynamic Psychotherapy, Systemic Psychotherapy or Integrative Psychotherapy. These therapies are usually delivered as a high intensity intervention for complex presentations.

Waiting times for access to psychological therapy services

Within the Perinatal Mental Health Service there is access to a Specialist Perinatal Clinical Psychologist (0.2wte) and a Psychology Assistant (2.5wte). There is no waiting list for assessment and intervention within the Perinatal Mental Health Service. The Perinatal Service works in collaboration with Local Primary Mental Health Services and the Integrated Psychological Therapy Service for the provision of Psychological Therapy, as due to the limited clinical resource, the Clinical Psychologist prioritises assessment and support to the multidisciplinary team.

Referrals for Psychological interventions are directed to Primary Mental Health Services and the Integrated Psychological Therapy Service for more complex presentations, where a specific intervention such as CBT or Systemic Psychotherapy is required.

Within the Integrated Psychological Therapy Service (IPTS), waiting times vary according to the therapy modality. The waiting time for psychodynamic therapy is 18 months; however The Health Board has recently appointed three CBT therapists in addition to Integrative Therapists to the team which will lead to a reduction in this waiting time.

The number of individual and group Perinatal clinical psychological sessions provided by your Health Board weekly

The following individual and group Perinatal clinical psychological sessions are offered within the Health Board:

- Individual Perinatal Clinical Psychology sessions, 2 sessions per week offered.
- Individual sessions by Psychology Assistant, 5 sessions per week offered.
- Baby in Mind CBT Group Sessions, 22 patients have been referred, there is no waiting list for this.
- Emotional Coping Skills -Low Intensity Group, 18 people have been referred, there is currently no waiting list.

In addition to the Specialist Perinatal Psychologist and Psychology Assistant, the Adult Psychology Service also provides psychological interventions where there is co morbidity and or complex presentation.

A breakdown of the proportion of time spent by each of your psychologists on providing:

a. 1-to-1,

In the Health Board the proportion of time spent by the Clinical Psychologist in the provision of one to one treatment is 25%, and the Assistant Psychologist is 25%.

b. Group, psychological therapy sessions for women requiring Perinatal support.

In the Health Board the proportion of time spent by the Clinical Psychologist in the provision of group psychological therapy sessions for women requiring Perinatal support is 25%, and the Assistant Psychologist: 25%.

Additional Comment

Three members of the Health Board Perinatal team have received training in the Introduction to Video Interactive Guidance (VIG); however VIG cannot be delivered until the clinicians have completed Levels 1 and 2, and specialist supervision is in place. This, therefore, would seem to be a key priority for the Committee to support, in respect of increasing access to further training and supervision on a national level.

I hope that this information on the provision and waiting times for services in the Health Board is sufficient for your inquiry.

- The process for a woman who needs psychological therapy support to access it

Psychological Therapy is accessed via other professionals in the Perinatal Mental Health Team, who request advice or ask for Dr Stella Swift, the Clinical Psychologist, to become involved. The practice is that referrals are made via conversation with this individual, which enables her to do a number of things including assessment of suitability and appropriateness of the referral, possibly signpost to other Cwm Taf services or agencies, possibly offer advice and consultation to the staff member, possibly arrange to meet the client with the staff member and / or possibly offer a series of psychology sessions.

For those women who access other Cwm Taf services for a psychological therapy such as courses or 1: 1 work, a referral is made by the Perinatal Mental Health Team and a conversation is usually made with the receiving team to discuss the appropriate treatment. In some circumstances a joint appointment is made between the women, the Perinatal Team and Community Mental Health Team (CMHT).

- Waiting times for access to psychological therapy services

Most perinatal clients receive a psychological therapy in one of our Primary Care Mental Health Teams and under the Mental Health Measure we would aim to deliver treatments within 28 days of assessment.

With regards to those women who receive a psychological therapy within the Perinatal Team, psychology does not operate a waiting list within the Perinatal Mental Health Team. Instead, staff in the Perinatal Team know that Dr Swift has a (limited) number of psychological therapy slots that they can refer for. In consultation with the member of staff (as the referrer), Dr Swift then advises about access to psychology in groups or 1: 1 within Primary Care or the CMHT and likely wait times. For example, a perinatal MH client may be living anywhere within the UHB so could potentially access a psychologically informed therapeutic group in their local area. The psychologist also offers a consultation meeting once a month to prioritise perinatal requests.

When Dr Swift is on leave, urgent requests will of course be managed by an appropriate consultant psychologist member of the team.

- The number of individual and group perinatal clinical psychological sessions provided by your Health Board weekly.

Dr Swift has one session per week, which she consolidates to offer one day a fortnight. On that day, she offers four individual appointments, plus a team consultation session.

- A breakdown of the proportion of time spent weekly by each of your psychologists on providing 1: 1 and group sessions:

We provide 1 to 1 sessions for 4 hours per week including travel time for home visits -so just over 10.5% of the week's activity. We do not currently offer group sessions.

I hope that this information answers your questions, I would be happy to clarify or provide more information as needed.

Process

In BCUHB, the process for women requiring access to psychological therapy for significant mental health difficulties is through a single point of access to their local mental health teams. These are multidisciplinary teams, whose staffing includes psychiatric nurses, psychiatrists, social workers, occupational therapists, clinical psychologists, and psychological therapists. After an initial assessment (part 1 of the Mental Health Measure), a woman may be either offered an intervention in primary care mental health services or if her difficulties are moderate to severe she will be stepped up to secondary care.

As Clinical Psychologists and psychological therapists are limited in number they focus direct care input at secondary care Community Mental Health Team (CMHT) level (moderate to severe needs), although supervision and training is offered to primary Care practitioners.

Waiting times

Unfortunately we have some significant waiting times for psychological therapy in general adult mental health services. Despite some improvements with recent initiatives, waiting times can vary from 3 months to 36 months depending on area and CMHT team working. This is largely due to limited resource and increasingly high demand, and meeting Matrics Cymru recommendations on the delivery of evidence based psychological therapies will require more investment in specialist resource psychology staffing levels and full implementation of stepped care in services.

Number of individual and group sessions offered by the clinical psychologist in BCUHB Perinatal Service

Due to funding constraints, BCUHB currently has a limited amount of perinatal clinical psychology time.

This was agreed as 0.6 Whole Time Equivalent (WTE) of an 8a for the whole of North Wales.

The service has been able to recruit an experienced clinical psychologist to work this part time post, and she has been working with the rest of the staff team to develop the service. While the demand and needs are still being clarified in North Wales, her job plan will be required to be multifunctional for a wide reach to service users and include both direct input and supervision/training and consultation to others for indirect reach. For accessibility, the team is also required to travel between appointments to see clients, which in such a large area can significantly reduce clinical time.

Although still developing according to need and demand, a broad breakdown outline of her 0.6 WTE time is:

0.1 WTE administrative tasks which includes formal report writing, replying to email consultations to staff, and telephone calls;

0.3 WTE providing direct input to clients which currently is made up of individual sessions but with developments will include group. Depending on the location of clients, this equates to around 5-7 individual clinical slots depending on whether assessment or type of intervention. Assessment is recommended as a 1 Y, slot, as are some interventions such as EMDR;

0.2 WTE clinical meetings, perinatal team meetings, providing supervision and training to others.

Proportion of time spent by each psychologist on providing 1: 1 and group psychological therapy sessions for women requiring perinatal support

Due to the lack of reliable data, it is difficult to give a proportion of time which generic adult mental health psychologists spend in providing therapy sessions for women requiring perinatal support. The demand on psychology time in generic services is very high, with a small number of psychologists working in generic adult mental health services. The psychologist role is multifunctional, and has a broad indirect reach for service users through the provision of supervision and training of Multidisciplinary Team (MDT) colleagues in lower step psychological work. This has included supervision and guidance to health visitors around perinatal issues.

On average, a psychologist will spend 75% of their time providing direct clinical input to clients but in adult mental health services this is to people across the age range and across multiple high risk clinical populations. This includes individual and group skills work, such as compassionate mind and DBT skills groups. The rest of their time is spent in team meetings, clinical meetings, administration and report writing, and indirect reach for clients through training, supervision, and consultation to others. Within BCUHB women requiring perinatal support have received input from psychologists in CMHTs and the inpatient units, but these women will tend to have come up

through the pathway and are presenting with severe difficulties including acute psychosis where group interventions are less likely to be appropriate.

To date, numbers of women in each CMHT area ready and able to attend group have been low, but this needs more attention and a wider geographical perspective to scope out.

I trust this information is helpful to the committee. Please do not hesitate to contact me again should you require further detail.

1. The process for a woman who needs psychological therapy support to access it:

The process for a patient seeking psychological therapy support is via a referral from the Patients GP Community Mental Health Team or Midwifery/Health Visiting Services to Local Primary Mental Health Support Service. Following referral, an assessment is undertaken, followed by a course of therapeutic intervention.

2. Waiting times for access to psychological therapy services:

Our recording systems do not currently enable us to disaggregate patients waiting times for perinatal psychological support from psychological interventions due to other mental health conditions.

The vast majority of people (87%) accessing psychological therapies do so within 26 weeks. There are however some people (13%) waiting longer and we have an active improvement programme in place to ensure no-one waits more than a maximum of 26 weeks by January 2018.

Importantly, we are using technology to support people with mild to moderate depression. Our mastermind "Beating the Blues" programme of internet based CBT, offers people with mild to moderate depression a computerised package of therapy supported by primary care and our mental health services.

3. A breakdown of the proportion of time spent by each of your psychologists on providing:

(a) 1 to 1, and

(b) Group

Psychological therapy sessions for women requiring perinatal support.

Our data recording systems do not currently enable us to specifically measure the time Psychologists spend supporting women requiring perinatal support on a one to one basis.

Currently, within Powys, no dedicated group work is undertaken specifically for perinatal psychology. This is due to the very small number of women requiring this type of intervention, and the wide geographical area that Powys covers.

Where women require these services, they are either delivered directly by the Powys Psychology service or a specialist support service is commissioned to deliver a specific intervention.