The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

RCPsych in Wales is an arm of the Central College, representing over 550 Consultant and Trainee Psychiatrists working in Wales.
The Royal College of Psychiatrists in Wales is pleased to respond to the Children, Young People and Education Committee inquiry into the first 1,000 days. Evidence shows that the first three years of a child’s life is crucial for his or her development, both socially and emotionally. The role, behaviour, attitudes, and experiences of the child’s parent/s and or family has a major impact on the development of the child. This time in a child’s life will shape their future. The Committee is right to focus on this issue.

Psychological support and classes for parents with mental illness

2. Becoming a parent, particularly for the first time, can be a daunting experience. ‘Baby blues’ is a common phenomenon. Sleepless nights, exhaustion, feeling isolated, and sometimes having had higher expectations of what it is like to be a mother can be contributing factors. The unexpected can also cause worry. Every child is different; some can be more challenging than others, particularly those with greater health or care needs.

3. Parenting can be a further challenge to those who suffer with poor mental health and this number is not insignificant. Up to 15 out of 100 new mothers will experience anxiety or depression. They are more likely to worry that they cannot cope with being a good parent, particularly if they struggle with everyday life.

4. In September 2014, Welsh Government produced non-statutory guidance for local government, health boards, third sector, and practitioners coming into contact with parents of young children. It states that “Ideally parents should be offered a range of universal, preventative support, as well as more targeted support for those with children with known risk factors such as conduct disorder or parents with known risk factors such as mental health issues”.

5. The Flying Start Programme is Welsh Government’s flagship programme that provides parents of children under the age of four with parenting skills and other advice. It is available to those who living is designated Flying Start areas, and a small number of those outside of these areas can qualify if local authorities allow in their budgets. Areas have been selected based on the level of deprivation. It means that for those parents who reside outside of these areas but may be struggling to cope with the challenges of parenting, are

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1 [http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/postnataldepression.aspx](http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/postnataldepression.aspx)
exempt from the service. We would like to see Flying Start rolled out to other communities so that everyone can benefit from the success of the Programme.

6. The Resilience, Early Years and Wellbeing Work stream of Together for Children and Young People (T4CYP) has recognized that maternal and early year’s services and parenting programmes require attention and should be prioritised. We welcome the huge strides in development with this programme, which covers all areas of children and young peoples’ mental health service provision. The Committee must look at these developments.

**Smoking and mental health**

7. Smoking remains ingrained in the culture of mental health treatment but we would like to see this changed. There is a general acceptance that people with mental illness use smoking as a form of short term self medication, often used to relieve stress and anxiety. Smoking is not banned in mental health units in Wales, despite the ban in hospitals, precipitating the misconception that smoking is good for your mental health. Smoking is extremely harmful to your health and there is no ‘safe’ way to smoking cigarettes. Smoking is just as harmful for people with mental illness.

8. The Royal College of Paediatrics and Child Health has called for Welsh Government to set and monitor new national and local targets for reducing smoking rates across all stages of pregnancy and early childhood. We would add to this the need to monitor specifically smoking rates amongst those with mental illness as currently there is no data on this population. The audit should also include how often a pregnant woman or new mother with a mental illness has tried to quit smoking and has accessed smoking cessation services for treatment. If a woman smokes during pregnancy, she is likely to continue smoking after her child is born.

9. We would like to see more health professionals, particularly Midwives and Health Visitors, to have training in smoking cessation treatments specifically designed for women with mental illness before and after the birth of their child.

**Mother and Baby Units**

10. The leading cause of maternal death is mental health related illness. Postpartum depression affects 10 to 15 out of 100 women having a baby (see above). It is more prevalent in women who already have a mental illness, who have suffered with depression during pregnancy, or recently experienced a traumatic event such as bereavement.

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11. A smaller number (1 in every 1,000 women having a baby) will experience psychotic episodes, or postpartum psychosis, which is classed as a serious mental illness. Symptoms include racing thoughts, rapid changes in mood, feeling paranoid, and having delusions or hallucinations. Postpartum psychosis can happen to any woman, although the risk is higher in women with bipolar disorder or schizophrenia. The symptoms of the illness can change from hour to hour or day to day. Women who suffer with postpartum psychosis are often not able to look after themselves or look after their baby.

12. Last year, Welsh Government set recurrent funding of £1.5 million towards strengthening community perinatal mental health services. The services have improved significantly with this additional funding and enables new mothers to be treated by professionals in their own homes, where they feel safe and secure. However, there are some women who need specialist help and would benefit from being treated in a hospital setting for reasons of safety for both the mother and the child. Mother and Baby Units provide support in antenatal and postnatal illnesses. The service treats women who develop a mental illness or have a relapse of serious mental illness during pregnancy, and women who have developed postnatal depression, postpartum psychosis or have had a relapse of serious mental illness following the birth of their baby.

13. Since the closure of the only Mother and Baby unit in Wales in 2013, patients must travel to Birmingham or London to receive treatment for severe illnesses such as postpartum psychosis. This at a time when women are at most need of their own families for support. We understand that Welsh Government is looking at this and would urge that they and WHHSC explore the opportunity of reopening the Mother and Baby Unit in Cardiff.