Dear Ms Neagle

Thank you very much for taking time at the Launch of the Perinatal Report to listen to our concerns regarding the inaccuracy of the information supplied by MIND to the committee regarding the Perinatal Mental health services provided by Cwm Taf UHB. Please see below the comprehensive written response from CTUHB to the inquiry, alongside the inaccurate information provided by MIND which has been highlighted in yellow for ease of reference.

Perinatal mental health in Wales (October 2017) page 49:

145. While the RCPsych, RCGPs, and RCMidwives confirmed that perinatal mental health issues feature in initial training, they all acknowledged that more could be done both in terms of initial training and continuous professional development. As stated in the previous chapter, it was suggested that to protect specialist community perinatal mental health teams from an overwhelming number of referrals, training of primary care practitioners needed to go beyond simply awareness raising, to knowing how to deal with clinical need. The training and capacity building role of the specialist community perinatal mental health teams was highlighted as being key in this regard, with Mind Cymru warning:

“…at Cwm Taf, for example, there are two people in the perinatal mental health team. They take anybody with low mood, basically. So, they are inundated, because now there’s a service to refer them to. Long term, I don’t think the perinatal mental health services will cope like that [...] if your perinatal mental health service is designed to treat and only treat, they you’re going to never cope [...] there’ll never be enough resources [...] perinatal mental health teams should be perhaps dealing with the more unwell mothers, rather than dealing with everybody. So, rather than just shifting all the responsibility to them—
1. “Cwm Taf, for example, there are two people in the perinatal mental health team”

Cwm Taf Perinatal team comprises of:

<table>
<thead>
<tr>
<th>Position</th>
<th>Band</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Mental Health Nurse</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Specialist Midwife</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Psychologist (1 session)</td>
<td>8b</td>
<td>0.1</td>
</tr>
<tr>
<td>Consultant Psychiatrist (1 session)</td>
<td>N/A</td>
<td>0.1</td>
</tr>
<tr>
<td>Middle Grade Dr (1 session)</td>
<td>N/A</td>
<td>0.1</td>
</tr>
<tr>
<td>Admin Support</td>
<td>3</td>
<td>0.5</td>
</tr>
</tbody>
</table>

2. “They take anybody with low mood, basically. So, they are inundated”,

“perinatal mental health teams should be perhaps dealing with the more unwell mothers, rather than dealing with everybody”

CTUHB referral criteria and process
Referrals are accepted from any health professional working with women in the perinatal period (during pregnancy and up to one month postnatal). Six months after the introduction of the service the referral criteria post-natally was reviewed and changed from one year due to the volume of referrals and capacity of the Perinatal Service.

Referral Criteria
- Women identified during pregnancy who have severe mental illness, bipolar affective disorder, psychosis, psychotic depression, schizophrenia, suicidal ideation
- Women with a severe form of depression, anxiety, obsessional compulsive disorder, phobias, post traumatic stress disorder, personality disorder, pregnancy related mental health problems
- Women identified during pregnancy who are at risk of a serious mental illness (family history of bipolar disorder or severe child birth related mental illness i.e. puerperal psychosis
- Women with alcohol/substance misuse problems if there is an identified moderate to severe mental illness
• The team will work jointly with the local CAMHS services to provide care to patients under the age of 18 years

Within maternity services all pregnant women are booked by a community midwife usually between 8 and 10 weeks of pregnancy and during the booking appointment women will be asked a series of questions related to their mental health and family history (All Wales Maternity Records). If women respond positively to any of the questions this will be discussed by a telephone consultation in the first instance with the Perinatal Mental Health Team.

If a referral is accepted by the team it will be discussed in the referral meeting which is held weekly. Referrals will be discussed and allocated to one of the team and an appointment will then be offered to the woman within 4-5 weeks.

All women under the care of the Perinatal Mental Health Team will have a mental health and well being birth plan in place. These plans have proved valuable to both women, maternity and mental health staff.

The Perinatal Services have established pathways with all stakeholders within Primary Care based on open and frequent communication channels and clear referral and care pathways. The role of the Consultant Psychiatrist within the Service provides expert advice and support to the team and colleagues as well as offering timely out-patient appointments.

Please could you consider how this inaccuracy could be rectified for the committee to ensure there is a fair and accurate representation of the service in Cwm Taf UHB.

Thank you for your help in this matter

Many thanks

Julie

Julie Evans – Senior Midwife Vulnerable Women/Named Midwife Safeguarding

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CC - Simon Jones - Head of Policy & Influencing, MIND