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This response was submitted to the Health and Social Care Committee consultation on mental health inequalities

MHI 31

Ymateb gan: | Response from: NSPCC Cymru

NSPCC Response to the Health and Social Care Committee's Mental Health Inequalities Consultation

Our response focuses on the mental health needs of infants, children, young people and their families and the particular inequalities this group can experience. We will address the mental health needs of children and young people harmed by abuse and neglect, focusing specifically on domestic abuse and child sexual abuse and also of women and families who have been affected by perinatal and infant mental health problems. The concerns we raise in this response must be considered within the context of COVID-19 and the immediate and long-term impact the pandemic and lockdowns have had on children and young people and their families. NSPCC data tells us that the pandemic has had a significant impact on the mental health and wellbeing of many children. Both the NSPCC Helpline for concerned adults and Childline continue to see high numbers of contacts about mental health. In Wales, 37% of contacts to Childline in 2020/21 were about mental and emotional health, with contacts about anxiety/stress the top concern.

Our response is written within a child rights context: the UNCRC, which is embedded within Welsh domestic law, is clear that children have a right to recover if they experience abuse and neglect. Welsh Ministers must have a due regard to the Convention when considering how children can access services. Children and young people living with poor mental health need both immediate responses and long-term recovery support. Evidence shows a lack of sufficient service provision for children to help them recover and failing to intervene at an early stage can lead to a multitude of negative consequences later in life[i]. We need to ensure children and young people's needs are recognised and addressed sooner[ii]. Schools, as an almost universal access point for children and young people, offer an ideal setting for early mental health support. We therefore welcomed Welsh Government's increased mental health funding for schools and their recognition of the increased impact of COVID-19 on mental health. However, consideration should be given to how best to meet the mental health needs of younger children through alternative therapies to counselling (which is not always appropriate for young children) and how to meet the needs of babies. Despite the devastating impact of COVID-19, the pandemic provides an opportunity to consider how we best meet children's mental health needs going forward, ensuring they are recognised and addressed sooner through a more holistic and universal approach.

1) **Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?**

Children who have been abused and neglected

Research shows that children who are abused or neglected are four times more likely to develop a serious mental health need and twice as likely to develop some form of mental illness, such as depression or anxiety[iii]. The consequences of this can last

across their life course. Studies also suggest that exposure to interpersonal traumas, such as violence and abuse are associated with higher rates of PTSD[iv]. NSPCC evidence shows that 1 in 5 children are exposed to domestic abuse[v] and almost 1 in 10 to child sexual abuse[vi]. Living with domestic abuse, for example, reduces a child's space for action and creates a distressing, stressful and harmful environment. Child sexual abuse is devastating and can have both short and long-term effects, including an impact on psychological and physical well-being, family and intimate relationships. Under the UNCRC children who have been abused and neglected have a right to access therapeutic support, in a timely manner for as long as it's needed. We note the lack of services for children to help them recover from abuse, which can have a direct impact on their immediate and future mental wellbeing.

Perinatal Mental Health

New and expectant parents

New and expectant parents are disproportionately at risk of experiencing poor mental health. Pregnancy and the postpartum period are times of increased vulnerability for both the onset and relapse of mental health problems. This can include depression, anxiety, eating disorders, OCD, PTSD and postpartum psychosis. Perinatal mental health problems are the most common complication of childbearing[vii], with up to 1 in 5 mums affected in the UK[viii]. 1 in 10 dads can also experience mental health problems during the perinatal period. This is a real concern; if left untreated, perinatal mental health problems can have a devastating impact on the mental and physical health of women, partners and babies. Maternal mental health problems remain the leading cause of maternal death in the first postnatal year[ix], and also have a high social and financial cost[x]. Research shows that perinatal mental health problems carry a long-term cost to society of around £8.1 billion for each one-year cohort of births in the UK[xi]. This works out to be a cost of just shy of £10,000 for every single birth in the country. Seventy-two percent of this cost relates to adverse impacts on the child rather than the mother.

Evidence also shows that the COVID-19 pandemic has increased the risk of women and families experiencing perinatal mental health problems[xii]. Families have become increasingly worried and anxious, and many have been unable to access the mental health and parenting support they need. For example, The Babies in Lockdown (2020) report[xiii] showed that for 66% of respondents from Wales, parental mental health was cited as a main concern during lockdown. Early findings from the Born in Wales study shows that 6 in 10 pregnant women report periods of low mood, including feeling down and depressed[xiv]. The majority of women (7 in 10) reported a negative pregnancy experience, feeling 'isolated', 'alone', 'lonely' 'distant' and 'not supported'. 45% of the respondents say they have had periods of bad stress during their pregnancy, and many mums are feeling isolated[xv]. A rapid review by the confidential enquires into maternal deaths has highlighted the tragic human costs of not identifying and treating perinatal mental health problems effectively during the COVID-19 pandemic[xvi]. They found that that of the ten women that died from COVID-19 between 1st March and the 31st May 2020, four of those women died by

suicide. The report found that changes to service provision as a direct consequence of the pandemic meant that women were not able to access appropriate mental health care. They concluded that access to the specialist mental health care they needed may have prevented their deaths.

Black, Asian and Minority Ethnic mothers

A strong and growing body of evidence shows that Black, Asian and Minority Ethnic women face deep inequalities and racial injustice in maternity and maternal mental health care. Research indicates the stark disparity in maternal mortality rates between Black, Asian and Minority Ethnic women and White women. Black women are four times more likely to die in pregnancy and childbirth, and for Asian women or women with mixed ethnicity, the risk of dying doubles[xvii]. This has been the case for over a decade. Evidence also shows that Black, Asian and Minority Ethnic women have an increased risk of stillbirth, premature birth or low birth rate[xviii] and have a poorer experience of maternity care [xix]. In the UK, women from ethnic minority groups are also at greater risk of developing mental health problems[xx], including during the perinatal period, but are less likely to have their mental health problems detected or treated[xxi], facing language, stigma and a lack of culturally sensitive provision as key barriers[xxii]. Research has shown that the COVID-19 pandemic and associated restrictions has made things worse for women from ethnic minority communities, as they experience mental health issues within the perinatal period[xxiii].

Parents with babies on neonatal units

The charity Bliss estimates that 1 in every 13 babies are born premature in the UK[xxiv]. This means that in Wales, around 3000 babies are admitted to neonatal care because they are born premature or sick. When this happens, it can be an extremely difficult time for parents. Evidence indicates that families (across diverse groups and countries) of babies who are admitted to neonatal care are at an increased risk of experiencing mental health difficulties[xxv], including anxiety, depression, and post-traumatic stress disorder. Research conducted by Bliss (2018)[xxvi] showed that 80 per cent of parents whose babies were admitted into neonatal care felt that their mental health suffered after their experience. A further 35 per cent of parents reported that their mental health became 'significantly worse' after their time on the neonatal unit. Having the right support in place is vital, as if the mental health needs of parents with infants in neonatal units goes undiagnosed and untreated, it can negatively impact on the long-term mental health of parents, the quality of parent-infant interactions and child development[xxvii].

Infant mental health

It is vital that the mental health needs of babies and very young children is also acknowledged and addressed. We now live in a time where we understand the importance of the first years of a baby's life, and how they provide the foundation for all future development, health, and wellbeing[xxviii]. We know that babies' healthy development depends *entirely* upon the relationships around them. Safe and nurturing relationships with their parents or carers builds strong foundations for a young child's future physical and mental health. Early attachment sets the template

for later relationships and can influence physical, social, emotional and cognitive outcomes. Supporting parents to develop healthy relationships with their babies, is incredibly important for ensuring babies have the best start in life. But we know that this can be challenging for some parents, and early adversity can cast a long shadow[xxix].

Research demonstrates that maternal mental health is a crucial determinant of a child's mental health. Severe perinatal mental health problems can make it harder for parents to provide the sensitive and responsive care that babies need, potentially effecting the child's emotional, social and cognitive development xxx. Maternal mental health problems have been associated with a wide range of consequences for children, including worse mental and physical health. This is why it is so important that women and families can access the right kind of support, at the right time, wherever they live in Wales.

Babies are also particularly vulnerable to violence and abuse in the home because they are at a critical stage in their development and completely dependent on the adults around them for their care. A growing body of emerging evidence, including learning from NSPCC services, suggests that the pandemic has resulted in worrying numbers of babies and young children being exposed to stress, trauma and adversity, which, if not addressed, could have a significant impact on their mental health, wellbeing and development. For example, the Babies in Lockdown (2020)[xxxi] report showed that 69% of parents in Wales felt the changes brought about by COVID-19 were affecting their unborn baby, baby or young child. 24% were concerned about their relationship with their baby or child, and 41% of these respondents would like help with this issue.

LGBTQ+ Young People

LGBTQ+ young people in Wales are experiencing unacceptably high levels of poor mental health including loneliness, depression and suicide as a result of bullying, social stigma, discrimination and other challenges which may not be encountered by those who identify as heterosexual and cisgender[xxxii]. Transgender young people are at particular risk of experiencing poor mental health. The Stonewall School Report Cymru (2017) shows that three in four trans young people (77 per cent) have deliberately harmed themselves, nine in ten (92 per cent) have thought about taking their own life, and two in five (41 per cent) have attempted to take their own life[xxxiii]. The report also highlights that three in five LGB young people (61 per cent) have self-harmed, three in four (74 per cent) have thought about taking their own life, and one in four (25 per cent) have tried to take their own life. Childline data also indicates that in 2020/21, in 38% of counselling sessions about sexuality or gender identity, young people also talked about mental and emotional health issues.

A young person who spoke to Childline said: *"I'm around my parents way more than I'm around my friends, especially now with Covid. My friends know about me being trans and they're doing everything they can to make me feel comfortable, like using he/him pronouns and calling me by my preferred name instead of my birth name. My*

parents, on the other hand, hate my entire being and still refer to me as a girl, which hurts me so bad". (Transgender young person, 15)

Recent research conducted by University College London and the University of Sussex into the lives of LGBTQ+ people in Britain indicates that COVID-19 has provoked a mental health crisis among the LGBTQ+ community, with 69 per cent of respondents suffering depressive symptoms, rising to 90 per cent of those who had experienced homophobia or transphobia[xxxiv]. (p35). Survey findings from Just Like Us (2021)[xxxv] also highlights that during the pandemic, LGBT+ young people were twice as likely to be lonely and have daily worries about their mental health. 68% of LGBT+ young people said that their mental health 'got worse' since the pandemic began, compared to 49% of their non-LGBT+ peers. It should be noted many LGBTQ+ young people may have felt trapped in their homes with unsupportive or outright homophobic, biphobic or transphobic relatives[xxxvi].

A report by the Independent LGBTQ+ Expert Panel[xxxvii] outlines why LGBTQ+ people are a 'particularly at-risk group' when it comes to poor mental health. It highlights a lack of funding and inadequacy of support from mental health services for LGBTQ+ people of all ages. Due to the high volume of responses testifying to the inadequacy of mental health services, it appears that these services need urgent improvements to work effectively for LGBTQ+ young people in Wales, and especially trans young people who were perceived to be *"currently stuck in a system which does not acknowledge their experiences"* (p24). While difficulties accessing CAMHS are well acknowledged[xxxviii], LGBTQ+ young people may also face the additional barrier of worrying about disclosing their identity. The experiences of LGBTQ+ service users suggest this transition is particularly anxiety inducing and leads to uncertainty around new mental health practitioners' attitudes and aptitudes to providing inclusive services. This transition also often results in young people having to 'come out' repeatedly to different services (if indeed their LGBTQ+ identity is in any way related to their reason for accessing the service)[xxxix].

2) **For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?**

Children who have been abused and neglected

The nature of domestic abuse can create barriers to anyone accessing support. The perpetrator creates a controlling and frightening environment, where the non-abusing parent and child have their space for action reduced. With regards to accessing mental health support, any child living in an abusive household must have their immediate safety needs met first. NSPCC Cymru has consistently highlighted our concern about the 'postcode lottery' of service provision for children and young people across Wales; both crisis intervention and, crucially for this agenda, therapeutic recovery.

In terms of child sexual abuse, NSPCC research highlights that it can take an average of seven years for a child to disclose abuse and some many never tell anyone[xl]. This of course creates a huge barrier to accessing any form of support. When children do reach out, many disclosures are not recognised or understood or they can be dismissed, played down or ignored, meaning action is not taken to support the young person[xli]. We also know there are too long waiting times to access specialist sexual abuse support when young people do speak out. We need to see a public health approach to child sexual abuse, which places the responsibility for both recognising and tackling it with everyone. We need policies and procedures which both disrupt potential perpetrators and enable disclosure from children and young people in all the places children access. This is a vital step alongside ensuring provision of mental health support for children harmed by sexual abuse.

It is also crucial there are readily available, integrated, child-centred, specialist sexual abuse services. Currently, children who experience sexual abuse do not always receive the support they need in a timely manner. The Lighthouse in London is an example of an innovative approach to supporting children to recover after abuse. The Child House modelxlii is child-centred and interdisciplinary, bringing together a multi-agency response, providing a safe-place for children and young people to recover.

We are clear that recovery support for this highly traumatised group of children must be specialist and services must be fully resourced to meet need. Where children and young people are accessing existing mental health services, professionals need to feel equipped to support appropriately with an understanding of how experiences of abuse can manifest and impact mental health.

New and expectant parents and their babies

Research indicates that parents with perinatal mental health needs can face a number of problems accessing the right kind of support[xliii]. Barriers can include individual (e.g. stigma and knowledge), organisational (e.g. inadequate resources), sociocultural (e.g. language and cultural barriers) and structural factors (e.g. policy that is unclear)[xliv]. In their systematic review and meta-synthesis, Sambrook Smith at al., (2018) found that on an individual level poor awareness and knowledge of perinatal mental health problems were common barriers to women accessing appropriate care. A lack of understanding about the signs and symptoms of perinatal mental health problems, can mean that some women and families struggle to differentiate between 'normal' adjustment difficulties associated with becoming new parents, and those symptoms warranting treatment and support[xlv]. Due to inadequate training opportunities and gaps in the curriculum, health professionals have also reported struggling with knowledge and confidence about perinatal mental health problems and appropriate care pathways, making identification and treatment challenging[xlvi]. Research by the National Childbirth Trust (2017)[xlvii] found that nearly half (42 per cent) of new mothers' mental health problems did not get picked up by a doctor or other health professional and hadn't received any treatment. Stigma is also a significant individual barrier which can prevent women

and families from disclosing perinatal mental health problems. Feelings of shame; embarrassment; guilt and concerns about being judged as a bad mother; and a fear of having their child removed have been identified as significant factors behind women and their family's reluctance to seek treatment and support[xlviii].

Sambrook Smith at al's., (2018) systematic review also indicated that inadequate resources, including limited time for health professionals (e.g. midwives), staff shortages and limited-service provision were key organisational barriers to providing effective perinatal mental health services. An overstretched health care service, with increasing demands, overwhelming pressures and workforce shortages, has been found to impact upon the time and continuity of care needed to develop trusting relationships with women so they will disclose perinatal mental health problems[xlix]. New mums have reported experiences of rushed health care appointments with health visitors, midwives and GPs, with little time to discuss their mental health concerns[l].

There are also clear and persistent gaps in perinatal and infant mental health service provision in Wales, which can be a barrier to women and families receiving support:

- While the development of specialist perinatal mental health services in Wales has been encouraging[li], commitments from Welsh Government[lii] have not yet translated into high quality and accessible services for families in every area of Wales, with only two out of the seven specialist perinatal mental health services meeting CCQI perinatal quality network standards. This means that women and families may not be able to access the support they need.

- The Mother and Baby unit (MBU) that opened in South Wales in April 2021 is an interim unit, and there is still an absence of an MBU close to home for women in North Wales. This is despite commitments from Welsh Government back in 2017 to consider options for inpatient support for women in North Wales[liii]. This means that acutely unwell women are being admitted to MBU's far from home or are receiving treatment in an inpatient adult psychiatric ward without their babies, at a time that is so crucial for bonding and attachment.

- Despite clear national standards on the need for psychological support for parents who have babies in neonatal units[liv], many neonatal units in Wales do not currently have adequate specialist mental health support for parents in place.

- While the evidence is clear that investing in the early years is the most efficient and cost-effective way of transforming outcomes for children, there is very little specialist provision to support the emotional developmental needs of babies and the parent infant relationship, with only two specialised parent-infant relationship teams in Wales (Cardiff and Gwent)[lv].

Furthermore, research indicates that barriers to accessing maternal mental health care are greater for Black, Asian and Minority Ethnic women [lvi][lvii]. Some studies have also shown that some minority ethnic women have a lack of awareness about mental health problems in the perinatal period and didn't[lviii]. Cultural values and expectations can act as a barrier to women seeking help, with some women from ethnic minority communities reporting that perinatal mental illness is culturally unacceptable or rejected as a concept, often due to the impact it would have on them fulfilling their role in society (e.g[lix]. Services and health professionals have also been reported to be culturally insensitive, incompetent and dismissive, making it very difficult for Black, Asian and Minority Ethnic women[lx]to receive the perinatal mental health support they need[lxi].

A consequence of these collective barriers is that perinatal mental health problems frequently remain undetected and untreated. This is a significant concern as untreated mental illness during the perinatal period can have a detrimental impact on the physical and mental health of women, their partners and children. In Question 4, we outline what we think needs to be addressed and implemented to ensure that families can access the perinatal mental health support they need.

LGBTQ+ young people

As previously mentioned, we need to consider the experiences of LGBTQ+ young people when planning a recovery response to COVID-19, particularly on the mental health impacts of lockdown and social distancing. The need to combat social isolation is particularly acute for LGBTQ+ young people.

While we want to see mental health support services, particularly CAMHS, improved across the board we also recognise there are particular barriers for LGBTQ+ young people. We welcome the action within the LGBTQ+ Action Plan for Wales (2021)[lxii] to ensure that any future review of mental health services takes account of the focus on and efficacy for LGBTQ+ people including young people. Mental health services should always be LGBTQ+ friendly and there should be regular training on how practitioners can be sensitive to the needs of LGBTQ+ young people when accessing and receiving specialist mental health support. We also welcome the action to consider the distinct experiences of LGBTQ+ people in COVID-10 recovery planning. We would be particularly pleased to see a commitment from Welsh Government to undertake a thorough investigation into how LGBTQ+ young people in Wales have been impacted by the Coronavirus pandemic and how mental health services can meet the demands as a consequence.

3) **To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?**

Children who have been abused and neglected
Welsh Government have committed to the needs of children and young people and their mental health needs, particularly in response to the pandemic. They also recognise the traumatic impact of violence and abuse on children and young people and children are recognised within the ground-breaking Violence Against women, Domestic Abuse and Sexual Violence Act. However, we are not seeing the policy intent of the act on the ground as we continue to see the postcode lottery of provision. Welsh Women's Aid has estimated that 77% of children in Wales do not receive any support from specialist VAWDASV services, this will likely impact on their recovery and mental health.

NSPCC Cymru recently responded to Welsh Government's consultation on the draft national VAWDASV strategy. We were concerned to see that objective six, within the strategy, fails to explicitly name children and young people. As the national strategy sets the framework for the regional strategies, it is imperative to make clear that ALL victims' needs must be met. Under the previous national strategy objective six only specified support for 'victims'. We feel this has contributed to the 'postcode lottery' of services to support child victims across Wales. Welsh Women's Aid report 'I Trust Them' about children and young people's resilience in the face of VAWDASV finds; '*limited specialist support and ineffective statutory responses to disclosures are leading to some young people reporting significant impact on their ability to recover from the abuse*[lxiii]'.

We support the principles in objective six but are concerned it is still not explicitly clear that VAWDASV partnerships should be commissioning for adult and child victims. Often any resource for children and young people is incumbent on the adult survivor accessing support, commissioning of services must recognise the needs of child victims in their own right and how this can support their recovery and improved mental health.

New and expectant parents
We have been encouraged by perinatal mental health being identified as a key priority for action in Together for Mental Health[lxiv], and the milestones and aspirations that were outlined to improve access and quality of perinatal mental health services[lxv]. This includes establishing a specialist in-patient perinatal mother and baby unit in Wales, achievement and continued compliance of Royal College of Psychiatrists' quality standards for perinatal mental health teams and undertaking work to recognise the unique needs of fathers.

While there has been promising process, these commitments have not yet translated into high quality services in every area of Wales. Gaps still remain in vital perinatal mental health services, meaning many families are not receiving the support they need. With the additional stress and anxiety of the COVID-19 pandemic on new and

expectant parents, it is more important than ever to ensure that specialist perinatal mental health support is available to all women and families across Wales.

Parents with babies in neonatal units
It is also disappointing to note that Welsh Government's Together for Mental Health strategy and most recent delivery plan has not identified priorities to help support the mental health of parents who have a baby in a neonatal unit.

Racial inequalities
We welcome the consultation on The Race Equality Action Plan for Wales[lxvi], and are pleased to note that the plan acknowledges that ethnic minority women not only experience multiple discrimination on the basis of their race and gender, but also socio-economic, disability, mental health and other discriminations. The plan makes a clear link to mental health and outlines actions to improve early access to mental health services for ethnic minority populations, and to better understand mental health stigma for ethnic minority communities. However, the plan does not specifically highlight or seek to address racial inequalities in maternal mental health care. This is a worrying gap.

Infant mental health
One of the significant gaps in policy, is around infant mental health. NSPCC Cymru/Wales is concerned that despite consistent evidence about the importance of the first 1,000 days in a child's life, the specific mental health needs of infants were not sufficiently acknowledged or addressed within Together for Mental Health[lxvii] and there were no actions relating to specialist provision for supporting infant mental health in the delivery plan. In Together for Mental Health, it was made clear that the mental health and wellbeing of babies and very young children is inextricably linked to the mental health and wellbeing of parents, and as such the focus would be on supporting perinatal mental health. While this approach is important and welcomed, it does not offer targeted mental health support for babies in their own right, nor does it support parent-infant relationships outside of families experiencing perinatal mental health problems. It is important that specialist perinatal mental health services and infant mental health services are in place to support parental mental health and also infant mental health.

4) **What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?**

Children who have been abused and neglected
We need to see a commitment to a holistic response to child victims of violence and abuse. One which encompasses prevention, protection and support, as laid out in the VAWDASV Act. This will help to improve the mental health needs of children and young people exposed to violence and abuse, either by intervening early or ensuring they have access to support when they are harmed by abuse. In our joint service model with Welsh Women's Aid, we are clear that therapeutic recovery must be

available for as long as it's needed. Ideally this should be provided by the specialist VAWDASV sector. However, all mental health providers must have a thorough understanding of the nuanced way VAWDASV impacts children and their mental health.

Crucial to recovery for children harmed by sexual abuse is child-centred, specialist sexual abuse services. Currently, children who experience sexual abuse do not always receive the support they need in a timely manner[lxviii]. The Child House model is child-centred, interdisciplinary, brings together a multi-agency response and provides a safe-place for children and young people to recover.

In our manifesto for the sixth Senedd term, we called for the rights of all children to be equipped with the information and language to help them reach out for support. In particular, this must include annual 'Speak Out Stay Safe' assemblies for children across Wales and ringfenced investment to ensure teachers feel confident in delivering the new RSE curriculum.

New and expectant parents
Given the significant gaps that remain in the provision of perinatal and infant mental health care, it will be vital to ensure that the next mental health strategy priorities and identifies explicit actions for progressing perinatal and infant mental health. This should include funding to develop specialist perinatal mental health services, watertight plans to develop the MBU for families from North Wales, support for dad's mental health in the perinatal period, for those parents who have a baby in a neonatal unit, and for women from ethnic minority communities. The key actions we would like to see include:

- **Investment for specialist perinatal mental health services**
  It is vital that Welsh Government provide additional investment in specialist perinatal mental health services, so all services can meet CCQI perinatal quality network standards, as set out as a key priority in the Together for Mental Health Delivery plan.

- **Welsh Government to deliver on commitments to establish a MBU in Wales**
  While NSPCC Cymru/Wales welcomes the opening of the interim MBU this needs to become a permeant unit for women and families. Welsh Government also need to fulfil the commitment to develop an accessible MBU for families in North Wales. We feel it would be beneficial for the Health and Social Care Committee to work with the Children, Young People and Education Committee to push for clear timelines and progress on the evaluation of the interim MBU in South Wales, and for a timeline for the MBU for families in North Wales to be developed.

- **Investment in specialist perinatal mental health midwives and health visitors**

NSPCC Cymru/Wales believes that there should be a full-time specialist perinatal mental health midwife and health visitor in each help board in Wales, to help identify and support women and families affected by mild to moderate perinatal mental health problems.

- **Targeted mental health support for parents who have new-born babies in neonatal units.**
  NSPCC Cymru/Wales feel it is imperative that Welsh Government priorities meeting the All-Wales Neonatal standards and increasing capacity for psychological support to ensure that all parents have access to the psychological support they need while on neonatal units. We would also like to see work begin to develop a clear neonatal pathway for families that need ongoing perinatal mental health support when they are discharged from neonatal units. Routine and ongoing assessment of parent's mental health should be a key element of the pathway.

- **Specialist provision to support the mental health needs of babies**
  We feel it is important that there is greater investment in the early years, to enable a specialised parent-infant relationships team to be developed in each health board. We would also like to see the Health and Social Care Committee work with the Children, Young People and Education Committee to carry out an inquiry into the support that is currently available for babies and their families in the first 1000 days (including mapping what service provision there is to support parent-infant relationships across local authorities and Welsh health boards) and mapping children's social care and health workforce competencies around infant mental health.

- **Addressing racial discrimination within maternity care**
  It is vital that racial discrimination within health systems and adverse outcomes for Black, Asian and minority ethnic women are acknowledged and addressed[lxix]. We would like to see specific actions to better understand and address the disparity in maternal mental health outcomes for Black, Asian and minority ethnic women in Wales included within The Race Equality Action Plan for Wales.

LGBTQ+ Young People

We hope inclusive LGBTQ+ friendly Relationship and Sexuality Education (RSE) will have a positive impact on LGBTQ+ young people and help to support their mental health and keep them safe from harm. Crucial to this is Welsh Government investing in a high-quality programme of professional learning to support teachers to be skilled and confident in designing and delivering inclusive RSE. We would like clarity on how much will be invested in professional learning on designing a fully LGBTQ+ inclusive curriculum, over what time period, and what this training will include.

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[ii] Ibid

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