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 06
Ymateb gan: Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Response from: Betsi Cadwaladr University Health Board

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.