Extending the impact of Acceptance and Commitment Therapy for Perinatal Mental Health across Wales, UK

Berrett, J., Traylor, C., Weaterton, S., Healy-Millett, I., Waters, C.

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

@ACT_FOR_PERINATALMH

1. Introduction

Perinatal mental health conditions affect 1 in 5 women and are the leading cause of maternal death in the perinatal period (Howard & Khalifeh 2020). Long NHS Wales waiting times for psychological therapy create unacceptable risks for mothers and babies. Barriers such as childcare, mobility, and stigma also limit access (Waters et al., 2020; Simon et al., 2024). To address this, Cardiff and Vale UHB developed a remote-delivered group psychological intervention - ACT-for-PNMH - to improve timely and equitable access to evidence-based care, and created a traing package to support the dissemination of the intervention across Wales, and internationally (see 3. Collaborations for partnerships)

2. Methods and Results

We followed a Plan, Do, Study, ACT (PDSA) cycle to meet our aims. See below the results for these different sections. Please note, an Expert Reference Group (ERG) were apart of all stages of the PDSA cycle.

2.1. Plan

Adapt the piloted face-to-face ACT group intervention (Waters et al., 2020) for remote delivery

Develop a training package to enable dissemination of the intervention across perinatal teams in Wales

2.2. DO

Developed and piloted the remote-delivered version of ACT-for-PNMH in CAVUHB, followed by a mixed-methods pilot study evaluating the implementation of ACT-for-PNMH in CAV-UHB over 18 consecutive months

Awarded funding from Improvement Cymru to better understand the factors that facilitated or served as barriers to engagement in remote delivered psychological interventions

Working in partnership with colleagues in Cardiff University we were then awarded Impact funding to develop a comprehensive training package to support the dissemination of ACT-for-PNMH across perinatal mental health services in NHS Wales. (see Figure 1.)

2.3. Study

We found that the **on-line delivery of ACT-for-PNMH was feasible, safe and effective,** with women showing significant improvements in symptoms of psychological distress, depression and anxiety at post-treatment.

Qualitative feedback included recommendations to extend the duration of the intervention, improve the content of some sessions (e.g. including more animations/time for reflection, more socially/ethnically inclusive graphics) and improving the service user workbook.

2.3.1. Swansea Bay UHB Pilot

We trialled the training package with staff (N = 16) working in the Swansea Bay UHB perinatal mental health service.

The evaluation of the training package showed a significant increase in staff knowledge and confidence in using ACT within perinatal settings, and all participants felt satisfied with the training.

As of August, 2025,Swansea Bay UHB now routinely offer ACT-for-PNMH, with N = 96 women receiving the intervention since the pilot.

Staff Member:

'I think that it [videoconference-delivered group therapy] has offered huge opportunities on how we can diversify the way that we work'

2.3.2. All of Wales training

Staff have been trained in all seven healthboards within NHS Wales.

N = 79 staff working in perinatal mental health services across NHS Wales have received the intiial training (phase 1) N = 27 have completed initial training and supervised group delivery (phase 2). N = 10 have completed final training, certifying them as 'trainers' of ACT-for-PNMH groups (phase 3).

ACT-for-PNMH is now routinely delivered in six out of seven healtboards in Wales.

Replicating Swansea Bay UHB, our 'All Wales' evaluation showed significant increases in staff knowledge and confidence in using ACT within perinatal settings following training.

Significant increases in staff psychological flexibility (the treatment mechanism in ACT) were also observed post-training, which indicates that staff have benefitted psychologically from engaging in the training.

Approx. 350 women have received the intervention in CAV UHB, with many more across the healthboards in Wales.

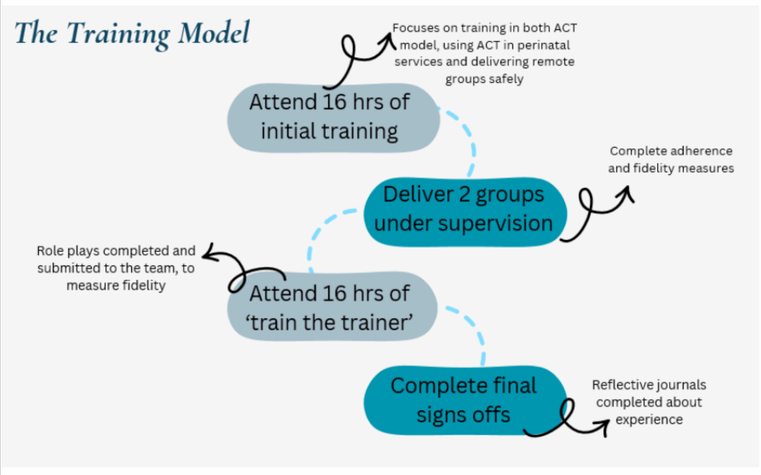
2.4. ACT

As part of our funding, we created a sustainable model of training to support ongoing access access to the intervention. We now provide training via Cardiff Uiversity Continuing Professional Development Unit which can be accessed both nationally and internationally via this QR code.

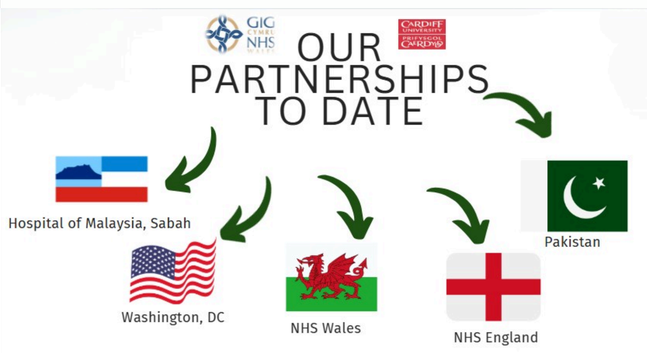
We aim to continue collaborating with perinatal mental health services in each NHS health board to **collect data on the number of women per year who have been provided ACT-for-PNMH.**

We are **supporting services in all Welsh HBs to evaluate** patient outcomes following receiving ACT-for-PNMH.

Figure 1. The Training Model



3. National and International collaborations



Contact us on **actforperinatalmh@gmail.com** if you have any questions!

We would like to thank the women who attended the group for their participation, and both the attendees and consultation group for their invaluable feedback. Further, thank you to all staff within the healthboards who have engaged and committed to the training and delivery of ACT-for-PNMH.

4. References

Howard, L. M., & Khalifeh, H. (2020). Perinatal mental health: a review of progress and challenges. World psychiatry : official journal of the World Psychiatric Association (WPA), 19(3), 313–327. https://doi.org/10.1002/wps.20769

Simon, N., Cunningham, E., Samuel, V., & Waters, C. (2024). Videoconference-delivered group acceptance commitment therapy for perinatal mood and anxiety disorders: facilitators views and recommendations. Journal of reproductive and infant psychology, 42(4), 700–714. https://doi.org/10.1080/02646838.2023.2180143

Waters, C. S., Annear, B., Flockhart, G., Jones, I., Simmonds, J. R., Smith, S., Traylor, C., & Williams, J. F. (2020). Acceptance and Commitment Therapy for perinatal mood and anxiety disorders: A feasibility and proof of concept study. British Journal of Clinical Psychology, 59(4), 461–479