

**THE ROYAL COLLEGE OF PSYCHIATRISTS
PERINATAL SPECIAL INTEREST GROUP**



**Newsletter 1
Spring 2003**

This is a publication of the Perinatal Special Interest Group. The views expressed here are not necessarily those of the Royal College of Psychiatrists

There's been a lot going on in perinatal psychiatry in the past year – publication of the Confidential Enquiry into Maternal Deaths, the NSC Recommendations on Screening, and SIGN Scottish Guidelines on Postnatal Depression and Puerperal Psychosis. We have also had the establishment of a UK branch of the International Marcé Society. An oversubscribed workshop at the College Annual Meeting in Cardiff, debating the management of enduring mental illness in pregnancy, began the task of generating ideas which we hope will lead to the production of clearer guidelines to inform clinical decision making in this area. For the SIG, we held the first ever - and very successful - scientific meeting in Manchester last February. This year sees us planning a second meeting (more details below). Other important developments include the forthcoming DoH Women's Mental Health Strategy. Members have had few opportunities to be kept informed and to comment on developments in the SIG. We plan to rectify this in two ways. Firstly, our webpage (www.rcpsych.ac.uk/college/sig/peri.htm) has been beefed up and should be a more useful resource for members and potential members. Secondly – this! Hopefully the Newsletter will appear twice yearly – that's just about infrequent enough for me to commit to!

Feedback on the Newsletter is invaluable. This is our first attempt – constructive (!) criticism, suggestions for future topics and submissions (reasoned argument or non-libellous aggrieved rant) for inclusion are all very welcome. Contact me by email or through the SIG at the College address.

Welcome to the first Newsletter!

Roch Cantwell, Editor (r.cantwell@clinmed.gla.ac.uk)

From the Chair

Specialities such as ours always seem to slide down the list of priorities (hopefully temporarily) when the NHS undergoes major changes. Mother & Baby Units, briefly seen as money makers during the heady days of ECRs all too often became seen as financial burdens once the system was dismantled. The NSF, whilst undoubtedly raising the profile of postnatal depression in primary care, inadvertently distracted attention from the needs of the smaller number of women with serious mental illness who require specialist services. Threats now come from the preoccupation of both Commissioners and Trusts with implementing the requirements for assertive outreach, home nursing and early intervention psychosis services. This is frustrating as all three underpin a Perinatal Mental Health Service. For many years some of us have been assertively managing at home women with the most severe early onset psychoses. We also face perhaps a greater threat from the growing disquiet amongst our general adult colleagues that the growth of specialist services leaves them to manage the patients that specialities do not want. For Perinatal Psychiatry, the opportunities and the strength of our support often lie elsewhere. It comes from the recommendations of the Confidential Enquiry into Maternal Deaths, from the Women's Mental Health Strategy document and hopefully from the forthcoming NSF for Maternity Services. In England, the Specialist Services Commissioning Group of the old Regional Health Authorities was just being persuaded to take up Perinatal Mental Health Services (encouraging Purchasing Partnerships and rational plans for inpatient provision) when they were dissolved and the commissioning function of the old health authorities disappeared. In many cases the new Strategic Health Authorities have yet to take up this responsibility. The individual PCTs delegated to commission specialist services may need reminding to include Perinatal Mental Health Services in their remit.

The Confidential Enquiry into Maternal Deaths has only separately analysed and published findings on psychiatric causes of maternal death over the last 6 years. The next Enquiry is almost finished and will be published next year. Nine years of maternal deaths record the same sad story that maternal suicide is the leading cause of maternal death. The overwhelming majority of maternal suicides in the first few months following delivery are women who have a previous history of severe illness, who faced a predictable recurrence of this illness following delivery and for whom no adequate management plans were put in place. They were in general socially advantaged and they died violently.

Whether or not our patients' needs are best served by specialism within generic services or specific specialist services remains a matter for valid debate and is probably dependent on local circumstances. Nonetheless the battle to recognise the special needs of seriously mentally ill women is far from over.

Our plea to all members is to find out locally which PCT is responsible for commissioning specialist services and to ensure that perinatal mental health is on their agenda. We all also need to know which consultant psychiatrists have special responsibilities in their job descriptions for Perinatal Psychiatry and to ensure that they are all members of the group. In every locality there needs to be a Perinatal Mental Health Strategy Group of all those involved in the care of childbearing women with mental health problems so that care can be appropriate and integrated at all levels of health service provision.

We need to network in all senses of the word. I hope to see you all in Manchester 9 May 2003.

Margaret Oates, Chair, PSIG

2ND ANNUAL SCIENTIFIC MEETING

FOLLOWING ON THE SUCCESS OF THE FIRST MEETING, WE PLAN TO RETURN TO **MANCHESTER** AGAIN FOR AN AMBITIOUS 2ND EVENT. THE DAY MEETING WILL TAKE PLACE ON **MAY 9TH 2003** AND WILL HAVE TWO THEMES:

PERINATAL PSYCHIATRY AND THE LAW
AND
EVIDENCE-BASED PRACTICE AND PERINATAL PSYCHIATRY

MORE DETAILS, INCLUDING A REGISTRATION FORM, ACCOMPANIES THIS NEWSLETTER AND CAN ALSO BE FOUND ON THE WEBPAGE (www.rcpsych.ac.uk/college/sig/peri.htm). LAST YEAR'S EVENT WAS OVERSUBSCRIBED AND QUITE A NUMBER OF PEOPLE HAD TO BE TURNED AWAY. BOOK EARLY TO AVOID DISAPPOINTMENT!

Local Developments

Updating what's happening in services around Britain and Ireland. We hope to be able to add regular notices from members about what's happening in their areas – new service developments, innovative practice, local meetings etc. Please write to the Editor or email r.cantwell@clinmed.gla.ac.uk.

Marcé UK

In 2002 a UK & Ireland Marcé Society was established as part of the International Marce Society. Its first president is Dr Alain Gregoire. More information about the society will be found in the near future on the Marcé website (www.marcesociety.com/). We have many members and interests in common and look forward to close collaboration in the future.

Report from the First Annual Scientific Meeting

On 15th February 2002 the SIG held its first scientific meeting entitled *Perinatal Mental Illness – Implementing Best Practice*. Topics included Maternal Suicide, Pregnancy and Substance Misuse, Parenting Assessment, the Confidential Enquiry into Maternal Deaths, Ethnicity and Perinatal Mental Illness, and Guideline Development for Perinatal Illness. Over 100 delegates attended the conference, held at the Manchester Conference Centre.

Annual College Meeting – Edinburgh 2003

The SIG is contributing a session to the Annual Meeting. This will take place on Thursday 3rd July, commencing 2.00pm. The theme will be Perinatal Psychiatry – Research into Practice and will include talks on genetics of perinatal disorders, links between thyroid dysfunction in pregnancy and mental state, and the effects of antenatal anxiety.

URGENT CALL FOR INFORMATION!

Service commitments: The SIG needs to know what support and involvement members have in any clinical commitments to perinatal psychiatry. We must have a better understanding of the solutions that members, trusts and commissioners have reached in trying to address local need. In particular, we urgently need to know whether consultants have specific job descriptions and sessional perinatal commitments, and whether there are local multiprofessional strategy groups charged with developing integrated perinatal services. We are also concerned that not everyone working in this area knows about the SIG or have become members. Registering is easily done online (www.rcpsych.ac.uk/college/sig/peri.htm) or by contacting the College membership department. Please pass on this Newsletter to anyone you think might be interested in joining the SIG – we would particularly like to encourage trainees to play an active part.

SpR training: Some members have experienced difficulty in attracting senior trainees into perinatal posts. This may be because of the interpretation of current College guidelines on higher training. Some SpRs may believe that perinatal psychiatry experience equips them for neither general nor liaison posts. This is deeply concerning since without an adequately trained workforce we will be unable to implement national recommendations for the provision of perinatal services. We intend to discuss these issues with the College but, in the meantime, it would be very useful to know whether other members have had similar difficulties, or indeed have been able to arrive at local solutions.

Please help us gather this information by contacting the Editor.

Publications and websites of interest

A few documents that may be of interest to members:

Why Mothers Die: Report of the Confidential Enquiries into Maternal Deaths
(www.cemd.org.uk/)

SIGN Guideline 60: Postnatal Depression and Puerperal Psychosis (www.sign.ac.uk/)

A Framework for Maternity Services in Scotland
(<http://www.scotland.gov.uk/library3/health/ffms-00.asp>)

DoH Women's Mental Health Strategy (www.doh.gov.uk/mentalhealth/women.htm)

RCPsych CR88: Perinatal Mental Health Services – Recommendations for Provision of Services for Childbearing Women (www.rcpsych.ac.uk/publications/cr/cr88.htm)

RCPsych CR105: Patients as Parents – Addressing the needs, including the safety, of children whose parents have mental illness (www.rcpsych.ac.uk/publications/cr/cr105.htm)

International Marcé Society (www.marcesociety.com/)

