

# Royal College of Psychiatrists

## Consultation Response

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**DATE: 26 April 2011**

**RESPONSE OF:** THE ROYAL COLLEGE OF PSYCHIATRISTS in WALES

**RESPONSE TO: A Strategic Vision for Maternity Services in Wales – Draft Strategy Document**

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased to respond to this consultation. This consultation was prepared by the Royal College of Psychiatrists in Wales

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## Consultation questions

### **1. Are the areas covered within the draft Maternity Strategy comprehensive and pertinent?**

The Royal College of Psychiatrists is pleased to be able to respond to the Draft Maternity Strategy.

It is clear that there is no health without mental health and this is perhaps nowhere more pertinent than in the perinatal period. The CMACE reports have shown suicide to be a leading cause of maternal death and have highlighted serious issues across the UK in women accessing the mental health help they need in pregnancy and the postpartum.

We believe that there is an opportunity for Wales to lead the UK in this area and to build on pockets of excellent practice to end the postcode lottery that characterises existing service provision.

We very much support the vision for maternity services in Wales and are very pleased to see that perinatal mental health is included as one of the key challenges in section 5.1. However, we are distressed to see that mental health services for women in pregnancy and the postpartum do not feature in other areas of the strategy – particularly in section 7, expectations for improvement. Mental health is also missing from section 2 – public health context, and some of the excellent work addressing mental health problems in pregnant and postpartum women in Wales perhaps could have been included in the examples of good practice appendix.

We believe it is key that Mental Health is represented on the all Wales Maternity Services Implementation group and that Local Health Boards are specifically required to address the provision of Mental Health services in their local delivery plans.

There is an All Wales Perinatal Mental Health group under the leadership of Grace Thomas (Consultant Midwife) that has been working to draw up an All Wales approach to care and training packages for midwives. It is vital that representation from the RCPsych and the All Wales Perinatal Mental Health group are included in the implementation group.

### **2. Is the vision for maternity services right?**

The vision is excellent but the importance of mental health in the context of pregnancy and the postpartum needs to be underlined. It is also important to

give a greater clarity about how the vision will translate into services for women and their families.

**3. Do you feel that the workforce issues have been appropriately addressed? (p12-17)**

There is no discussion about the importance of mental health professionals or midwives in specialist roles in this area.

**4. Are the challenges for the maternity service appropriate? (p18-19)**

We support the inclusion of mental health as one of the key challenges but believe that there would be a benefit from distinguishing two key mental health challenges:

1. Identifying and managing women at high risk of severe mental illness in the perinatal period. Women with a history of postpartum psychosis or bipolar disorder in particular may be at over a 50% chance of suffering a severe episode in the immediate postpartum and must be identified and closely monitored throughout this period of very high risk. It is this area particularly where current services are failing women and not meeting the key recommendations of the CMACE and NICE reports.
2. Responding appropriately to women with mental health problems in pregnancy and the postpartum, whether a new onset or a continuation of a pre-existing episode of illness.

**5. Are the 'Expectations for Improvement' appropriate and would you like to add/remove any? (p 19-23)**

We would like to see specific expectations for improvement with regard to the assessment and management of women at high risk of severe mental illness.

**6. What do you consider to be a good outcome measure of a quality, woman-centred service and are those included appropriate?**

Women need access to specialist perinatal mental health services wherever they live in Wales. Access to specialist perinatal mental health assessment and treatment should be an outcome for quality care. There are various models in which this can be delivered but clearly identified pathways must be introduced in all Health Boards.

**7. Are there any critical issues that are not covered?**

As we have outlined above, perinatal mental health issues are not adequately

covered at present.

**8. How might the draft strategy be improved?**

By addressing the issues we have outlined above.

**9. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.**

Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please tick here:

**Consultation Response Form**

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