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Inquiry into Suicide Prevention

Ymchwiliad i Atal Hunanladdiad

Ymateb gan Goleg Brenhinol y Bydwagedd

Response from the Royal College of Midwives

Response to
National Assembly for Wales
consultation
on
Suicide Prevention

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The Royal College of Midwives' response to the National Assembly for Wales consultation on Suicide Prevention

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.

The RCM welcomes the opportunity to respond to this consultation and our views are set out below.

Our response will be mainly but not entirely focussed on those aspects of the consultation relating to maternity care.

Overall we support the Talk to me 2, Suicide and Self Harm Prevention Strategy for Wales and the accompanying Action Plan. We recognise that significant progress has been made in relation to perinatal health services in Wales, including additional funding and significant recommendations from the Children, Young People and Education Committee. However we are extremely disappointed to note that there is no reference in the Suicide and Self Harm Prevention Strategy or the Action Plan to perinatal mental health, maternity services or the significant role that midwives play in the diagnosis, treatment and prevention of perinatal mental illness in Wales. Perinatal mental health has been recognised as a major public health issue that must be taken seriously. If untreated, perinatal mental illnesses can have a devastating impact on women and their families. They are one of the leading causes of death for mothers during pregnancy and the year after birth.

We note the purpose and aims of the strategy and the action plan; however we would wish to see the scope extended to include women at risk of suffering from perinatal ill-health.

Society's perception of childbirth as a happy event is true, yet what we do not see are the struggles of women behind closed doors whose mental well-being are affected as a direct result of pregnancy and birth. Suicide remains a leading cause of maternal deaths, particularly in the postnatal period. Almost a quarter of women who died between six weeks and one year after pregnancy died from mental-health related causes (MBRRACE-UK, 2015). Over the last five years in the UK, 101 maternal deaths were the result of suicide, representing 2.3 deaths per 100,000 maternities in pregnancy and up to one year post birth.

It is estimated that up to 50% of women may suffer from some form of mental health problems relating to pregnancy and birth, 15% - 20% suffer from postnatal depression (anxiety is at least as common and often co-exists with depression), and 3% have severe mental illness. 1 in every 500 women will suffer from postnatal psychosis and although instances of psychosis are rare, they can occur suddenly and result in significant harm to mother and baby. We must end the disparity of service provision between physical and mental health for women receiving maternity care.

Whilst it is clear in the Strategy that there is a gendered aspect to suicide in Wales, with men three times more likely to die than women, we would wish to see here some acknowledgement of the specific issues for women suffering from perinatal illnesses.

The Children, Young People and Education Committee has, as already stated, made a number of recommendations in relation to perinatal mental health and we would wish to see these being put in place as a matter of urgency. However we would also wish to see synergy between these and any other strategies to prevent suicide in Wales.

We recognise that there is a link between suicide and social deprivation and this will impact on women who live in areas of residence based deprivation where rates are higher in more deprived communities. When developing strategies for prevention it is imperative that pregnant and post natal women are recognised as being in a high risk group.

It is noted that the age and pattern of self harm shows that young women aged 15 to 19 have the highest prevalence of self harm in Wales. Therefore there must be a specific focus on prevention efforts and ongoing support for this group of young women.

The key role that the midwife plays in the recognition and treatment of women with mental health issues is not recognised within the strategy. Currently midwives in Wales will ask women about their mental health when they first make contact and during subsequent contacts. With this in mind the vital role that the midwife plays needs to be recognised when addressing issues around suicide prevention.

However, midwives do need the skills, training and the ability to refer to appropriate services as necessary. This means that they will need to be considered when training, development and communication packages are being designed and implemented.

The social impact of suicide cannot be overestimated. Any strategy must take into account the additional needs of families where a mother has committed suicide leaving a new born baby behind or where she has also killed the new born infant or other children in addition to taking her own life. There are specific issues around supporting families where there has been infanticide and a failed suicide.

**The Royal College of Midwives
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