key to the delivery of genuinely holistic, person-centred care. Seeing the links between a history of abuse, depression and irritable bowel syndrome is just one example of how this process can lead to more appropriate care pathways for symptomatic women.

Changes in both ideology and practice are needed so that mental health practitioners recognise sexual and reproductive health as part of their core work. Without such acceptance, these topics will remain hard to deal with for women and workers alike. Accepting that a patient's sexuality and reproductive health are integral to their mental healthcare requires good working links with other clinicians in gynaecology, obstetrics, genitourinary medicine, as well as with primary care practitioners. Don't expect each new specialist trainee to conduct intimate and sensitive interviews with women; rather, keep this working within the core team and discuss in reviews regularly as part of care planning.

Ideological shifts are needed not just for clinicians. Equally important is the organisational response by mental health service providers. Sexual and reproductive health must be addressed within policies and training; sexual safety needs to be seen alongside physical safety. In recognition of this, the Department of Health has commissioned development of an e-learning resource which will help raise awareness and improve knowledge among mental health practitioners and managers.

Similarly, commissioners will need to include women with severe mental illness as a high-risk group in needs assessment and strategies for mainstream sexual and reproductive health services. Supporting this, contract service specifications for community and mental health services will need to include reference to sexual and physical health promotion and care for this group of women.

Fundamentally, however, to deliver change, women need to be consulted regularly – in an appropriate setting and in an appropriate manner – about how they wish to be supported to manage their reproductive and sexual lives: their fears, their risks, their concerns.

References

Department of Health (2002) *Women's Mental Health: Into the Mainstream. Strategic Development of Mental Health Care for Women.* TSO (The Stationery Office).

Henshaw C, Protti O (2010) Addressing the sexual and reproductive health needs of women who use mental health services. *Advances in Psychiatric Treatment* **16**: 272–278.

'Dearest, I feel certain I am going mad again': the suicide note of Virginia Woolf

Selected by Femi Oyebode

Adeline Virginia Woolf (1882–1941) was an English novelist, essayist, diarist and letter writer. She was a member of the Bloomsbury Group. Known to have suffered from recurrent depressive episodes, she took her own life by drowning in the River Ouse near her home. This is her suicide note. Published in Quentin Bell (1973) *Virginia Woolf: A Biography. Volume 2. Mrs Woolf 1912–1941*. Hogarth Press.

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Dearest,

I feel certain I am going mad again. I feel we can't go through another of those terrible times. And I shan't recover this time. I begin to hear voices, and I can't concentrate. So I am doing what seems the best thing to do. You have given me the greatest possible happiness. You have been in every way all that anyone could be. I don't think two people could have been happier till this terrible disease came. I can't fight any longer. I know that I am spoiling your life, that without me you could work. And you will I know. You see I can't even write this properly. I can't read. What I want to say is I owe all the happiness of my life to you. You have been entirely patient with me and incredibly good. I want to say that – everybody knows it. If anybody could have saved me it would have been you. Everything has gone from me but the certainty of your goodness. I can't go on spoiling your life any longer.

I don't think two people could have been happier than we have been.

V.

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