Department of Health

From Dr Dan Poulter MP
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Mr I Singleton
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Dear Mr Singleton,

Thank you for your letter following the inquest into the death of Richard Jones.

I was very sorry to hear of Mr Jones' death and wish to extend my sincere condolences to his family.

You are clearly concerned about the current provision of mental health care for members of the armed forces. In addition, the circumstances of this specific case have prompted you to raise the following matters for our attention:

- the way in which information obtained from such a patient is recorded, with especial reference to the perceived level of risk and the degree of urgency in carrying out an assessment;
- how that information is shared with other agencies involved in the care of that patient to ensure that it is accurately passed on, particularly as to the level of risk and degree of urgency; and
- who has primary responsibility for the care of that patient and how that is recorded by all those involved, particularly where there is a transfer of care.

You ask for review of the policy and procedures in place to deal with referral to another agency of a member of the armed forces who appears to be suffering from mental health issues, having regard to the above concerns.

Firstly, I would expect the mental health providers named in your report to provide comment on the detail of this particular case and to address your concerns from their local perspective.

The Ministry of Defence (MoD) has responsibility for the provision of primary care services for serving personnel. The MoD also provides additional mental health care for serving personnel delivered through fifteen military Departments of Community Mental Health (DCMHs) located in military centres in the UK, as well as centres overseas.

DCMHs are staffed by psychiatrists, mental health nurses, clinical psychologists and mental health social workers. The aim is to treat personnel with mental health needs at the unit medical centre and, with the patient's permission, involve the GP and senior officers in managing the condition. A wide range of psychiatric and psychological treatments is available, including medication, psychological therapies and a change of environment where appropriate.

Inpatient care, when necessary, is provided by the NHS in contract with the MoD. Service patients receive treatment much closer to their units than previously, when the armed forces operated their own psychiatric hospitals. A close relationship is maintained between local DCMHs and the NHS to make sure inpatient care is the best it can be.

Where MoD services are unavailable serving personnel are able to use NHS services on an emergency basis in the same way as other NHS patients.

Armed Forces veterans access NHS mental health services in exactly the same way as the wider population. In order to help and encourage Armed Forces veterans with mental health problems to seek care, NHS England has put in place 10 veteran mental health teams across England – one of which is based in the South West.

At a national level, the Department of Health (DH) works closely with the MoD and with NHS England to ensure that service personnel receive the right health services. Medical notes relating to an individual patient must pass readily from the MoD to the NHS and back again as appropriate. This will become increasingly important as the number of Armed Forces reservists is increased, as these personnel will access health services from the MoD when mobilised, and from the NHS at other times.

Discussions are already in place between DH, MoD and NHS England on this issue and these will address the specific concerns you have raised in your report.

In addition, the DH is in discussion with the MoD to secure MoD's commitment to the Mental Health Crisis Care Concordat. This is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help needed in a mental health crisis. In February 2014, 22 national bodies involved in health,

policing, social care, housing, local government and the third sector signed the Concordat. It focuses on four main areas:

- Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. The Concordat builds on and does not replace existing guidance. It is expected that the MoD commitment to the Concordat will be in place by the end of April 2015.

I hope that this response is helpful and I am grateful to you for bringing the circumstances of Mr Jones' death to my attention.

Best wishes,

[redacted]

DR DAN POULTER