

13/02/2017



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10th February 2017

Dr Fiona J Wilcox
HM Senior Coroner
Westminster Coroner's Court
65 Horseferry Road
London
SW1P 2ED

Dear Dr Wilcox

Regulation 28: Report to Prevent Further Deaths

I am writing to you following receipt of the Regulation 28: Report to Prevent Future Deaths dated 15 December 2016 regarding the sad death of Mr Jaroslaw Rogala (known at Jarek) as a result of hanging. Your report indicates that Mr Rogala was heavily intoxicated at the time of his death and was dependent on alcohol. You have requested South West London and St Georges Mental Health NHS Trust (Trust) to respond to whether those patients with addiction are at risk of suicide, as there are no in-patient facilities to admit them for care and supervision when in crisis in the circumstances as described in this case.

In order to thoroughly examine all of the concerns a meeting was convened on 20th January 2017 by [redacted] Service Director for Wandsworth within the Trust, [redacted] Head of Mental Health Commissioning, Wandsworth Clinical Commissioning Group (CCG), [redacted] Consultant Psychiatrist, Merton Drug and Alcohol Action Team, and separate input was provided by [redacted] Consultant Psychiatrist, Psychiatric Liaison Service at St George's Hospital. The meeting reviewed the details of the case and whether there were missed opportunities, as well as the possibility of gaps in the current framework of services that may have prevented Mr Rogala's death.

We established that Mr Rogala experienced suicidal thoughts and minor self-harm when intoxicated on alcohol, although on both of the occasions he was seen by psychiatric liaison services at St George's Hospital these experiences had resolved and he denied any suicidal intentions when interviewed. During both of the assessments he was found to have capacity to make decisions about his treatment, and the offer of referral to community alcohol services was made, which he made a capacitous decision to decline. Furthermore we can find no record of Mr Rogala requesting admission to hospital although we can see that his partner was very supportive and concerned about his well-being.

Chief Executive, David Bradley

Chairman, Peter Molyneux



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The possibility of a gap in service provision has been considered in the event of the circumstances of the case being different, for example: if Mr Rogala had been assessed as suicidal in the context of alcohol dependence and to be requesting admission to hospital. If this had been the case, psychiatric liaison services would have explored a range of options with the aim of the risk of him acting on his thoughts being alleviated. This may have led to a referral to the home treatment service which is able to provide intensive support for people who are suicidal, regardless of the presence of alcohol or any other form of addiction. The outcome of the assessment by the home treatment service would also influence whether admission into inpatient care was appropriate or not, again this is an option regardless of the presence of alcohol or any other form of addiction, and would be focused on the risks of Mr Rogala acting on his suicidal thoughts.

In fact, with the support of our Commissioners, local services for patients in mental health crisis have improved since the time of Mr Rogala's contact with our services, and this may provide you with further reassurance. Since November 2016, clinicians working in the Trust's Emergency and Urgent Mental Health Services (including Liaison Psychiatry and Home Treatment teams) have been able to offer higher risk consenting patients the option of transfer to the Lotus Psychiatric Decision Unit (PDU). The Lotus suite enables patients to be supported and monitored for up to 48 hours in a dedicated safe space at Springfield University Hospital and permits an extended assessment to be undertaken. The outcome of this could indicate a formal admission to an acute psychiatric ward, or some other form of support. Again, the presence of suicidal ideation is the focus of the care plan, and the existence of an addiction, is not an exclusionary factor. You may also wish to know the Trust is due to open two 'crisis cafes' in April 2017 located in Wandsworth and Merton boroughs that will provide open access spaces on high street locations for people in mental health distress.

From our consideration of the case and the criteria of existing services we therefore do not believe that patients with an addiction are discriminated against when a co-existing mental health crisis, such as suicidal ideation, is identified. Where significant risk is indicated, the use of the Mental Health Act may also be considered to ensure a patient is conveyed to a place of safety for ongoing assessment even when they are not agreeable. However, the use of the Mental Health Act was not an option in the case of Mr Rogala as his risk was not determined to be high at the time of assessment; he had a primary dependence on alcohol which is an exclusion under the Mental Health Act; and he had capacity to make decisions himself.

We have also considered whether there is a possibility that local services are in some way out of step with services in other parts of the country. In this case the psychiatric liaison nurse offered to refer Mr Rogala to community alcohol services that serve the area (Merton) in which he resided. If Mr Rogala had wished for the referral to be made, an appointment to attend Merton Drug and Alcohol Action Team would have been forthcoming, and this would have led to a personalised offer of support, depending on the outcome of the initial assessment. For some patients this can also lead to exploring the benefits of a planned admission to a dedicated inpatient detoxification unit. As you are aware, Mr Rogala had been through two previous alcohol detoxifications in 2016. The existence of a crisis inpatient facility for patients with alcohol dependence has been highlighted in the Regulation 28 Report although there is little indication that Mr Rogala was at immediate risk when assessed, or that he wished to access such a service. Should such needs have been identified in Mr Rogala, the nature of any risks would have indicated referral to mental health services as highlighted above, which may have ultimately led to admission to an inpatient facility as a protective measure.

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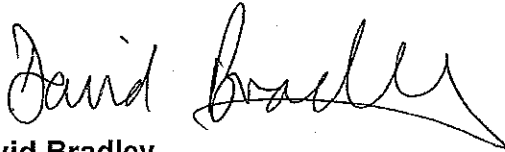
Compassionate



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Our deepest sympathies are extended to the family and friends of Mr Rogala. The conclusion that we have reached indicates there is no current gap in services that would have prevented him accessing a safe place, and the criteria for accessing crisis support from mental health services do not discriminate against those patients who are in crisis due to the presence of an addiction, other than the statutory exclusions written into the Mental Health Act. In discussion with CCG commissioners who are the responsible body for commissioning a full range of services, including mental health and substance misuse services, the Trust also believes the framework of services within Wandsworth and Merton to be in line with arrangements in other parts of London, and consistent with the overall national picture.

Yours sincerely



David Bradley
Chief Executive Officer

Chief Executive, David Bradley

Chairman, Peter Molyneux



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