



Department
of Health

*From Jackie Doyle-Price MP
Parliamentary Under Secretary of State for Care and Mental Health*

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André J A Rebello OBE
HM Senior Coroner, Liverpool and Wirral Coroner Area
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1 August 2017

Dear Mr Rebello,

Thank you for your letter of 26 April 2017 to the Secretary of State for Health about the death of Ms Linsay Bushell. I am responding as the Minister with responsibility for mental health at the Department of Health. I am grateful to you for allowing my officials additional time to finalise our response.

I was very saddened to read of the circumstances surrounding Ms Bushell's death. Please pass my condolences to her family and loved ones.

You issued your Report to NHS England, alongside the Secretary of State for Health, and I understand Professor Sir Bruce Keogh replied to you on 21 July.

As you will know, NHS England is responsible for overseeing the commissioning of health services in England. As part of the Five Year Forward View for Mental Health, published in February 2016 (www.england.nhs.uk/mental-health/taskforce/imp/), NHS England committed to investing money to increase access to psychological therapies for people with diagnoses of personality disorder. In addition, NHS England are working to develop and publish guidance on what constitutes high quality services for people with diagnoses of personality disorder and this will include evidence based pathways within community mental health services.

I hope these commitments go some way to providing assurance to you, and Ms Bushell's family, that action is being taken to improve this area of mental health care.

You have noted within your Report that Mersey Care NHS Foundation Trust's internal review team highlighted a national view that admissions to hospital for people with borderline personality disorder may be counter-productive to improving their mental state.

The National Institute for Health and Care Excellence (NICE) published the *Borderline personality disorder: recognition and management* guideline in 2009 (www.nice.org.uk/guidance/cg78).

It states that inpatient referral for a person with borderline personality disorder should only be considered where the management of crises, such as significant risk of harm to self and others, cannot be effectively managed in the community or where someone is detained under the Mental Health Act 1983. If admitted to hospital, the guideline is clear that this decision should be made with a clear understanding of the potential benefits and risk of the admission. Care should also be supported by the Care Programme Approach which should be reviewed regularly.

Your Report details the action taken by the Mersey Care NHS Foundation Trust to learn from Ms Bushell's death in developing therapies for patients with a diagnosis of personality disorder, in hospital and importantly, in the community, in Merseyside and Lancashire.

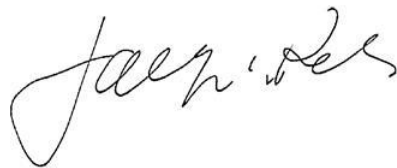
In particular, the Trust has taken steps to enhance the understanding and treatment for patients with personality disorders. This includes the establishment of a Personality Disorder Hub that is intended to co-ordinate and manage the care of patients with personality disorders in the community, limiting the need for hospital admissions through close collaborative, multi-disciplinary working. The care given is psychology based and targeted at enabling the patient to devise strategies to limit self-harming behaviour. Specially trained case managers offer individually focused and consistent care.

In addition, the Trust has devised Borderline Personality Disorder Guidelines with a multi-disciplinary focus, developed specific care plans for community and inpatient settings and provided nurse training in personality disorders, among other improvements.

Finally, it appears that an emerging theme of the findings of the Trust's review is that proper care planning and risk management were not undertaken or implemented effectively.

The Mental Health Act Code of Practice is clear that mental health providers should have robust policies in place for implementing care plans based on the Care Programme Approach, which include a robust risk management plan, especially where someone poses a risk of self-harm. It appears the Trust has these policies in place but these were not implemented consistently during Ms Bushell's care, nor were the complexities of Ms Bushell's condition and associated risks fully considered. I am encouraged that the Trust accepts where its care fell short of expectations and is taking action to make improvements.

Thank you for bringing the circumstances of Ms Bushell's death to our attention. I hope this information is useful.

A handwritten signature in black ink, appearing to read 'Jackie Doyle-Price', written in a cursive style.

JACKIE DOYLE-PRICE