



**South Staffordshire and
Shropshire Healthcare**
NHS Foundation Trust

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Margaret J Jones
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Coroner's Office
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15th August 2017

Dear Ms Jones

Re: Dean Rowland (deceased)
Report to Prevent Future Deaths

Thank you for your letter dated 28th June 2017, reporting concerns to us, in accordance with Regulations 28 and 29 of the Coroner's (Investigations) Regulations 2013.

Following discussions within the Mental Health Division, I am now in a position to respond to your specific concern, which were as follows:

In respect of point 2. He was referred to a community mental health team having made two serious previous suicide attempts. He was discharged after only one consultation with no follow up plan other than for him to refer back to primary care. The family perceive he would have benefitted from a further appointment. He was very willing to engage with services.

Prior to his referral to South Staffordshire and Shropshire Foundation Trust (SSSFT) in July 2016 Mr Rowland was not known to mental health services, although as you report had taken two overdoses in the preceding four months due to difficulty in coming to terms with the end of his marriage. It was immediately following the second overdose that he was referred to mental health services, beginning with an assessment from the Crisis Resolution and Home Treatment Team (CRHTT) who felt a more detailed assessment from the Community Mental Health Team (CMHT) would be of benefit; this assessment took place on 19th August 2016, 18 days after the referral, with one episode of telephone contact in between in order to arrange the appointment. This is in keeping with expected

referral timeframes for a CMHT assessment. Notably, the appointment letter also invited Mr Rowland to bring a friend or relative with him to the appointment, thereby considering the needs of carers, although Mr Rowland opted to attend alone.


When seen on 19th August 2016, Mr Rowland had moved to Birmingham in order to reside with his mother, and described improvements in his mental health due to this change of environment and a now amicable relationship with his ex-wife and access to his children. Mr Rowland described his wellbeing "feel like I have my life back and am like my old self" and reported various self-help methods such as exercise and making time for himself. Importantly he expressed no further ideas of suicide. A Patient Health Questionnaire 9 (PHQ-9) was completed as part of the assessment; this is a 9-item questionnaire to explore current symptoms of depression, yielding a score of between 0 and 27. Mr Rowland scored 8, which is indicative of mild depression that would not usually require treatment; scores of 15 and above are usually seen in individuals requiring the input of a CMHT. Mr Rowland's recent suicidal ideation and behaviour was noted, but given his current wellbeing he was deemed at low risk for further self-harm or suicide. Information was discussed on 25th August 2016 at a CMHT multidisciplinary team meeting and owing to the information gathered in the assessment; Mr Rowland was discharged from the CMHT.

Mr Rowland engaged fully in his assessment and coproduced the plan which was later communicated to him by letter. He felt that the difficulties in his mental health had improved and that he did not require input from the CMHT, but was aware that he could be rereferred at any time should this situation change. The letter validated his efforts to be well and detailed online self-help resources to support these efforts, and also recommended that he register with a GP in Birmingham if he wished to continue to reside there, so that he could be referred quickly to his local mental health services in future should the need arise. If the assessment had highlighted the need for ongoing input from the CMHT, this would have been transferred to the service in Birmingham local to Mr Rowland's new residence, but as described it was not required.

I am satisfied that the CMHT conducted a sufficiently detailed assessment of Mr Rowland's needs, and with him arrived at the right decision at that time, namely to discharge him from the service. Following discharge I am satisfied that all communication with Mr Rowland detailed resources that he could access to support his recovery, and offered appropriate advice to register with a GP local to his new address. The letter detailed points of contact with the CMHT should he move back to the area, and invited his GP to rerefer him at any time should the need have arisen. The option to involve his family in the assessment was offered but declined by Mr Rowland.

I hope this response helps to address your concerns. However if you require any further information please do not hesitate to contact me

Yours sincerely



Neil Carr
Chief Executive

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