



Department
of Health &
Social Care

*From Nadine Dorries MP
Minister of State for Patient Safety,
Suicide Prevention and Mental Health*

*39 Victoria Street
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[REDACTED]

Ms Alison Mutch
HM Senior Coroner, Manchester South
HM Coroner's Court
1 Mount Tabor Street
Stockport SK1 3AG

28 April 2021

Dear Ms Mutch

Thank you for your letter of 11 February 2021 about the death of Carole Mitchell. I am replying as Minister with responsibility for mental health services and I am grateful for the additional time in which to do so.

I would like to begin by expressing my deepest sympathies to the family and loved ones of Carole Mitchell. I was greatly saddened to read of the circumstances of Mrs Mitchell's death.

Your report raises important concerns regarding access to psychological therapies in secondary mental health services; inpatient bed capacity; and, information sharing between mental health professionals and families.

I am aware that the Greater Manchester Health and Social Care Partnership has provided a detailed response on the actions that are being taken locally to improve access to services and to encourage and strengthen family involvement in care where appropriate. My response will focus on the actions taken at national level.

Reducing suicide and preventing self-harm remains a priority for this Government. As part of the £2.3billion settlement for mental health in the Long Term Plan, we are providing targeted and ring-fenced funding to local areas so they can deliver their multi-agency plans. This includes suicide prevention activities, initiatives to prevent self-harm and putting in place postvention¹ bereavement support. We have committed that every area of the country will receive funding specifically for suicide prevention and bereavement services by 2023/24, from the total pot of money of £57 million for suicide prevention.

In relation to access for psychological assessments and therapies, the Government and the NHS are taking steps to ensuring that no one faces a long wait to access mental health support.

¹ Intervention after a suicide.

As mentioned, under the NHS Long Term Plan, mental health will receive a growing share of the NHS budget, worth in real terms at least a further £2.3 billion a year by 2023/24.

The NHS Long Term Plan has committed to the implementation of new integrated models of primary and community mental health care that improve care for adults with a range of severe mental health problems, in all local areas in England by 2023/24, backed by almost £1 billion extra. This will give an additional 370,000 more adults access to better support for severe mental illness by 2023/24.

The NHS Long Term Plan makes clear that the provision of the National Institute for Health and Care Excellence (NICE) recommended psychological therapies is critical to ensure that adults with severe mental illness can access evidence-based care and experience improved outcomes.

However, we know there is regional variation in current provision, in part due to the pressures facing some parts of our community mental health workforce over recent years. To address this, since 2018/19, NHS England has invested in the commissioning of training places for community mental health staff to go on courses in psychological therapies for people with severe mental illness, in partnership with Health Education England. We will continue to commission new training places each year up to at least 2023/24 to increase competency within the workforce.

Turning to your second matter of concern regarding the availability of inpatient beds, the *Five Year Forward View for Mental Health*², set out the commitment to eliminate inappropriate adult Out of Area Placements (OAPs) by the end of 2020/21, recognising their negative impact on the quality of care and of being disconnected from family, friends and support networks.

Prior to the outbreak of COVID-19, good progress was being made towards this target nationally. However, COVID-19 has made the already stretching ambition even more challenging, due to consistently high capacity pressures resulting from the negative impact of the pandemic on mental health need; reduced bed capacity in some areas due to infection prevention and control requirements; interruptions to usual support structures and access to community services; and delayed progress in delivering planned pathway improvements while focussing on the COVID-19 response. Despite this, reliance on OAPs remains highly variable and has already been significantly reduced or eliminated in a number of areas.

The expected enduring impact of the pandemic is likely to mean that the increased need for mental health care and treatment is sustained in the medium term. We are still working to deliver the ambition to eliminate OAPs by April 2021 in those systems where it is feasible. However, patient safety will not be compromised in pursuit of delivering the national ambition. All systems that still have OAPs beyond March 2021, will be required to commit to a new target in light of their specific local challenges, to ensure OAPs are eliminated everywhere as soon as reasonably possible.

² [The Five Year Forward View for Mental Health \(england.nhs.uk\)](https://www.england.nhs.uk/longtermplan/5-year-forward-view-for-mental-health/)

In addition to transforming and expanding community mental health services, we are ensuring discharge is well-planned and effective, so that people are not in hospital for any longer than they need to be. We have recently announced that £87million will be used to support good quality discharge from mental health facilities. This is part of the additional £500 million mental health recovery plan³ announced to address waiting times for mental health services, give more people the mental health support they need, and invest in the NHS workforce.

Finally, in relation to the third matter of concern in your report and information sharing, the Department of Health and Social Care, with input from leading mental health organisations, developed an *Information sharing and suicide prevention consensus statement*⁴, to help address the concerns families have regarding mental health practitioners being reluctant to take information from families or to divulge information about a person's suicide risk. Through its contract with the Department, the Zero Suicide Alliance is developing guidance for frontline staff on how to use the Consensus Statement and when and how to share information to help prevent suicide. Development of this resource is ongoing, with the guidance due to be published shortly. We will continue to promote this statement through our networks.

In addition, the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) has developed a resource on *Safer services: A toolkit for specialist mental health services and primary care*⁵, which includes guidance regarding family involvement. This is part of our broader work to support local areas in their quality improvement plans for suicide prevention.

I hope this reply is helpful. Thank you for bringing your concerns to my attention.



NADINE DORRIES

MINISTER OF STATE FOR PATIENT SAFETY, MENTAL HEALTH AND SUICIDE PREVENTION

³ [COVID-19 mental health and wellbeing recovery action plan \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁴ [Information sharing and suicide prevention: consensus statement \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁵ [display.aspx \(manchester.ac.uk\)](https://manchester.ac.uk)