



Department
of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

Richmond House
79 Whitehall
London
SW1A 2NS

POC1_820980

Mr A Walker
Senior Coroner
North London Coroners Court
29 Wood Street
Barnet
EN5 4BE

Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk

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Dr A. Walker,

Thank you for your letter following the inquest into the death of Roshen Abbas Ladak-Ebrahim.

In your report you conclude that the medical cause of death was hanging. The deceased had been living at home with his mother and hanged himself at his home on the evening of 11 October 2012. You explain that Mr Ladak-Ebrahim had been in contact with a number of health care professionals and had his mother been told he was at immediate risk of self-harm she would have ensured that he was not left alone.

You raise the following concerns and ask that we give consideration to:

- i) issuing guidance when assessing risk of self-harm which looks at whether there is an immediate risk of self-harm or intention to end life.
- ii) giving advice to health care professionals on steps to be taken to ensure a patient is kept safe by those looking after the patient. Evidence heard at the inquest suggested there was some confusion over whether this advice would breach a patient's confidentiality.
- iii) issuing guidance to doctors working in community mental health about the need for a consultation with a patient before prescribing medication that carries an increased risk of self-harm and a follow-up consultation to assess the effect of the medication.

The Government has made a clear commitment in the Health and Social Care Act 2012 to give mental health equal priority with physical health. This commitment is at the heart of Closing the Gap: Priorities for essential change in mental health, the Government's action plan for mental health which was launched by Nick Clegg on 20th January 2014. This sets out twenty five areas where people can expect to see and experience the fastest changes.

This document bridges the gap between our longer-term ambition and shorter term action. It sets out our expectations and shows how changes in local service planning and delivery will make a difference in the next two or three years to the lives of people with mental health.

Taking your points in turn: guidance on risk assessment is included in clinical guidelines (CG133 Self-harm: longer-term management) produced by the National Institute for Health and Clinical Excellence (NICE), and issued in November 2011. It is worth quoting a relevant extract. The guidelines state:

“A risk assessment is a detailed clinical assessment that includes the evaluation of a wide range of biological, social and psychological factors that are relevant to the individual and, in the judgement of the healthcare professional conducting the assessment, relevant to future risks, including suicide and self-harm.”

Risk assessment tools and scales are usually checklists that can be completed and scored by a clinician, or sometimes the service user, depending on the nature of the tool or scale. They are designed to give a crude indication of the level of risk (for example, high or low) of a particular outcome, most often suicide. The strong advice is, however, that they cannot be used to predict future suicide or repetition of self-harm.

Turning to confidentiality, there are clearly times when health care professionals, in dealing with a person at risk of suicide, may need to inform the family about aspects of risk to help keep the patient safe. I agree it is crucial that we address any confusion about how information can be shared. That is why the Department of Health is already working with Royal Colleges and professional organisations to agree a consensus statement designed to promote greater sharing of information with the aim of preventing suicide, within the context of the relevant law. We published this on 17 January at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271792/Consensus_statement_on_information_sharing.pdf

Relevant guidance already exists on justifications for breaching patient confidentiality. The General Medical Council's Guidance to Doctors on



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Confidentiality covers disclosures in the public interest and disclosing personal information without consent and specifically states:

“Disclosure in the public interest may be justified when: (a) failure to disclose information may put the patient, or someone else, at risk of death or serious harm, or (b) disclosure is likely to help in the prevention, detection or prosecution of a serious crime.”

In addition, the Department of Health published supplementary guidance to the NHS Confidentiality Code of Practice (November 2010, Ref 13912) on disclosing confidential information when there is a public interest justification to do so and makes clear to healthcare professionals when it is appropriate to disclose personal information.

Finally, in relation to your suggestion of issuing guidance to doctors about prescribing medication to mental health patients that carries an increased risk of self-harm, there is currently comprehensive guidance on prescribing produced by a number of bodies including NICE, the General Medical Council and the British Medical Association. The guidance available specifically addresses how to assess the risk of prescribing a particular medication for individuals at risk of self-harm. Guidance often includes advice directed to patients and carers.

You mention that a medication that carried an increased risk of self-harm was involved in this case, but the name is not given. If you could supply this information we might be able to provide further advice about this aspect of the case.

I hope that this response is helpful and I am grateful to you for bringing the circumstances of Mr Ladak-Ebrahim’s death to my attention.

JEREMY HUNT

