Avon and Wiltshire Wis

Mental Health Partnership NHS Trust

Dr P Harrowing HM Assistant Coroner The Coroner's Court The Courthouse Old Weston Road Flax Bourton BS48 1UL Chief Executive's
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Dear Dr Harrowing

I am responding to the prevention of future deaths report you issued following the inquest into the death of Kimberly Parsons.

Avon and Wiltshire Mental Health Partnership NHS Trust does not currently endorse the use of harm minimisation strategies in deliberate self-harm. We recognise that this is a highly specialised approach which should only be undertaken in the most controlled of situations such as in a specialist unit. Our staff member should not have mooted the possibility of safe self-harm with Kimberly as this is a term which is easily misinterpreted. I am sorry for the distress that this has caused to Kimberly and her family.

The Medical Director has liaised with the national expert in this field, who will soon be joining the University of Bristol and our trust. We will be looking at the possibility of research into the appropriateness, or not, of employing harm minimisation strategies.

I think it is important at this point to be clear about terminology. Our staff member, as a witness, spoke about 'safe self- harming' rather than 'assisted self- harming'. The recognised clinical term for 'safe self- harming' is 'harm minimisation'. This is a legitimate approach which is referenced in the NICE guideline 133: 'Self harm: longer term management', which was issued in November 2011:

"If stopping self-harm is unrealistic in the short term:

- consider strategies aimed at harm reduction; reinforce existing coping strategies and develop new strategies as an alternative to self-harm where possible
- consider discussing less destructive or harmful methods of self-harm with the service user, their family, carers or significant others where this has been agreed with the service user, and the wider multidisciplinary team
- advise the service user that there is no safe way to self-poison".

The use of harm minimisation strategies is also recognised by the Royal College of Psychiatrists, under certain circumstances.

We plan to issue an internal safety alert to all clinical staff to remind them of the trust's position regarding harm minimisation. The alert is prepared by our Consultant Nurse for suicide prevention and will be considered by both the trust Critical Incident Overview Group and the Suicide Prevention Group. Once approved, I will forward you a copy of the alert and confirm that it has been distributed.

Thank you for bringing this matter to my attention.

Yours sincerely

lain Tulley Chief Executive