



Department
of Health

From Norman Lamb MP
Minister of State for Care and Support

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 4850

Mrs L Hashmi
Area Coroner
HM Coroner's Court
The Phoenix Centre
L/Cpl Stephen Shaw
MC Way Heywood
OL10 1LR

27 FEB 2015

Dear Mrs Hashmi,

I Thank you for your letter following the inquest into the death of Janette Insley. I was very sorry to hear of Ms Insley's death and wish to extend my sincere condolences to her family.

The inquest concluded that Ms Insley died as a result of self-ligature.

I understand Ms Insley had a history of depressive illness and in May 2014 was admitted as an informal patient to a mental health unit. Her doctors believed she had a personality disorder and considered that referral to a psychologist for care and treatment was the most appropriate action. Although discharge planning then commenced it had to be halted several times due to serious self-harm episodes by Ms Insley.

During her inpatient stay, Ms Insley was allowed leave away from the ward, subject to risk assessment by staff. On the whole, these periods of leave passed without incident. Unfortunately on 3 August 2014 she failed to return from an afternoon home leave and was discovered dead at her home address later that evening.

You have a number of concerns following the inquest:

- Although the consultant psychiatrist considered that a referral to a psychologist was the most appropriate course of treatment available, staff were unable to make any such referral for inpatients due to lack of i) availability of suitably qualified practitioners and ii) resources. You consider there is therefore a clear service gap;

- You were told that most, if not all, psychological therapy now takes place within the community. You consider that undue emphasis is currently being placed upon this setting of care, to the detriment of inpatient services.
- You note that referral to/consultation with a psychologist based within the community would have taken at least 3-4 weeks post-discharge, thus leaving the patient without therapy during a particularly vulnerable period.

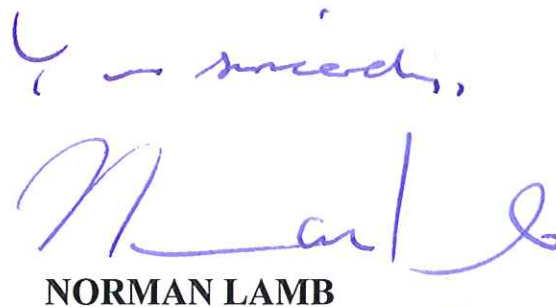
You have copied your report to the relevant NHS Trust and Clinical Commissioning Group. The issues you raised are most appropriately addressed at a local level and I would expect the NHS organisations responsible to respond fully to your concerns.

At a national level the Government is investing over £400 million over the current spending review period to enable a greater choice of psychological therapies to be offered to patients who need them, across the whole of England.

The Department of Health's 2014-15 Mandate to NHS England makes clear that "everyone who needs it should have timely access to evidence based services". The Mandate sets a clear objective for NHS England to deliver the key objectives of the Improving Access to Psychological Therapies (IAPT) programme. This includes providing access to therapies to 15% of those eligible (around 900,000 people per year), per year by 2015, with a recovery rate of 50%.

The Outcomes Framework for the NHS in England clearly states that the NHS should carry on expanding access to psychological services as part of the IAPT programme. In addition, the Department's new five-year plan for mental health, *Achieving Better Access to Mental Health Services by 2020* was published in October 2014. This articulates our ambition and the immediate actions we will take this year and next to achieve better access and waiting times in mental health services. This includes the IAPT commitment of treatment within 6 weeks for 75% of people with 95% of people being treated within 18 weeks.

I hope that this response is helpful and I am grateful to you for bringing the circumstances of Ms Insley's death to my attention.


NORMAN LAMB